



## MASTER TRUST EXPENDITURE PLAN

Client Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

SSN: \_\_\_\_\_

Unit: \_\_\_\_\_

DOB: \_\_\_\_\_

Trust Balance as of \_\_\_\_\_ = \$ \_\_\_\_\_  
Date

Monthly Accumulation: \_\_\_\_\_ X 3 = \$ \_\_\_\_\_  
+

**Total excess for upcoming 3 months:** \$ \_\_\_\_\_

### CHILD'S SPECIAL NEEDS:

Medical: \_\_\_\_\_

Mental: \_\_\_\_\_

Educational: \_\_\_\_\_

PASS plan in effect: ☐ Yes ☐ No

PASS plan appropriate for child: ☐ Yes ☐ No

### PLAN TO MEET NEEDS OF CHILD (FORMAL OR INFORMAL)

Monthly expenses: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Anticipated Expenses: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Date Plan Prepared: \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
District/Region Administration designee Date