

# Open Minds, Inc.

A Non-Profit Representative Payee Program

## Budget Plan

Name: \_\_\_\_\_ Account: \_\_\_\_\_

### Income - Monthly

SSI:	\$ _____	SSDI:	\$ _____
AFDC:	\$ _____	Food Stamps:	\$ _____
VA Benefits:	\$ _____	Child Support:	\$ _____
Employment:	\$ _____	Other:	\$ _____

Total Monthly Income \$: \_\_\_\_\_

### Expenses - Monthly

**Rent \$:** \_\_\_\_\_ Paid to: \_\_\_\_\_  
Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip  
**Utilities \$:** \_\_\_\_\_ Paid to: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip  
**Phone \$:** \_\_\_\_\_ Paid to: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip  
**Grocery/Personal Check:** \_\_\_\_\_ Paid to: \_\_\_\_\_  
Address: \_\_\_\_\_

Frequency of Distribution: \_\_\_\_\_ Method: \_\_\_\_\_  
Service Fee: per month 48.00 subject to change by Social Security

### Other Expenses

\_\_\_\_\_ City State Zip  
**Other \$:** \_\_\_\_\_ Paid to: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip  
**Other \$:** \_\_\_\_\_ Paid to: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip  
**Other \$:** \_\_\_\_\_ Paid to: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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