

## Self-Directed Budget Summary Worksheet

Member Name: \_\_\_\_\_  
 Last First  
 Medicaid ID: \_\_\_\_\_

Service Begin Date: \_\_\_\_\_  
 MM/DD/YYYY  
 Service End Date: \_\_\_\_\_  
 MM/DD/YYYY

Service Type Employee Name(s)	Units per week	Hours per week	Units per Year	Annual Program Cost	Desired Hourly Wage	Annual Wage	Annual FICA, FUTA/SUTA	FMS Admin Deduction	Annual Difference
PCAs					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1									
2									
3									
4									
ASRs					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1									
2									
3									
4									
Totals									

**Average Unit Cost (Enter these amounts on the members Service Plan)**

	Units per Year	Unit Rate	Total Amount
PCA - S5125			
ASR - S5125 TF			
Goods and Services – T1999			

Goods and Services Estimated Expense	
Classified Advertising	\$
Hepatitis B Vaccination/TB Test	\$
Transportation	\$
Mileage	\$
Postage	\$
Copying/Faxing	\$
Office Supplies	\$
Other	\$
<b>Total Goods and Services Estimated Expenses</b>	<b>\$</b>