**Please list your household expenses:**

|  |  |  |
| --- | --- | --- |
| **Expense** | **Monthly Amount** | Three Month Amount |
| Television/Home Phone/Internet | Example: $100.00 | X3= $300.00 |
| Television//Internet | $ | $ |
| Mortgage/Rent | $ | $ |
| Electric/Gas | $ | $ |
| Water/Sewage | $ | $ |
| Renters/Home Insurance | $ | $ |
| Auto Insurance | $ | $ |
| Car Payment | $ | $ |
| Cell Phone | $ | $ |
| Food | $ | $ |
| Toiletries/Cleaning products | $ | $ |
| **TOTALS** | $ | $ |

**This box will show the amount**

**Needed for the 3 month reserve**

Sponsor must maintain a minimum capital reserve fund or line of credit in the amount of three (3) times the sponsor’s monthly operating expenses. Required so that services can be continued in the event of interruptions, delays in Medicaid funding, authorization disapprovals and/or reduction in funding or pay

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_