This form may be used as an attachment to an Annual Report when (1) there is no Guardian of the Estate and (2) the Guardian of the Person is managing funds of the Ward pursuant to Court order ***other than Social Security funds.***

INCOME AND EXPENSES WORKSHEET			
Month and Year	**Amount of income received (*other than Social Security*)**	**Expenses for Food and Housing**	**Expenses for Clothing, Medical/Dental, Personal Items, Recreation, Miscellaneous**
Totals for Report Period	$ _____	$ _____	$ _____
Show the total amount of any benefits you saved for the beneficiary, including any interest earned. **$ _____** • **Please list the source(s) of income** • _____ • _____ • _____ • _____			