COUNTY OF COLUSA HEALTH AND HUMAN SERVICES

251 E. Webster St. Colusa, CA 95932

Elizabeth A. Kelly – Director



<u>ADMINISTRATION</u>: (530) 458-0250

HUMAN SERVICES
Children's Services: (530) 458-0280
Adult Services: (530) 458-0280

 Adult Services:
 (530) 458-0280

 Eligibility Services:
 (530) 458-0250

 Public Guardian:
 (530) 458-0280

HEALTH SERVICES

Public Health/Nursing: (530) 458-0380

FINANC	CIAL STATE	MENT/MONTHLY BUDGET	
	MONTHLY	INCOME & STIPEND	
		Gross	Net (Take Home)
Source		Amount (monthly)	Amount (monthly)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Monthly Income:		\$	\$
Tot	al Foster Care a	nd/or Adoption Assistance Stipend:	\$
	VEHICLES (A	AUTOMOBILES, ETC.)	
Make/Model	Year	Monthly Payment	Balance Due
		\$	\$
		\$	\$
		\$	\$
	Total	\$	\$
	Housei	HOLD EXPENSES	
Category		Monthly Expense	Balance Due
Total Vehicle Payments (from above)		\$	\$
OMortgage ORent (select one) (Include insurance and taxes)		\$	\$
Utilities		\$	\$
Food/Groceries		\$	\$
Transportation (gas, insurance, etc.)		\$	\$
Credit Card Debt		\$	\$
Other Loans		\$	\$
Child Care		\$	\$
Education (tuition)		\$	\$
Medical Expense & Medical Insurance		\$	\$
Clothing for Foster Kids		\$	\$
Entertainment		\$	\$
Charitable Contributions		\$	\$
Child Support/Alimony Payment		\$	\$
Miscellaneous (specify):		\$	\$
		\$	\$
	Total	\$	\$
Name of Bank(s):		1	1
Checking Balance: \$	Saving F	Balance: \$	of: / /
Gross taxable income claimed on la			
		rmation is complete and accur	
Applicant Name:			
		ignature:	Date: