

**South Carolina Department of Social Services
Independent Living Program
EMANCIPATION BUDGET ANALYSIS SHEET**

Date: _____ County of Origin: _____

Caseworker: _____ Youth: _____

Income (Please indicate source of income.)	Budget	Actual	Difference
Job #1			
Job #2			
Other			
Interest Income (from Savings Account)			
Total Income			
Expenses	Budget	Actual	Difference
Tithes and/or Charitable Donations			
Household Bills			
Rent			
Utilities (i.e. electricity, gas, water)			
Telephone/Cell Phone			
Groceries			
Household Items (i.e. paper towels, dish detergent)			
Transportation			
Car Payment/Car Loan			
Car Insurance			
Gas			
Car Repairs			
Bus Fare/Token/Tickets			
Taxi			
Child Expenses			
Baby Food			
Baby Necessities (i.e. diapers, wipes, clothing, bottles)			
Daycare			
Health Care			
Medical Expenses			
Insurance			
Life			
Medical			
Other			
Entertainment (i.e. internet, movies, restaurants, bowling)			
Personal Items (i.e. personal hygiene, toothpaste, deodorant)			
School Expenses			
Clothing			
Hair Care/Nail Care			
Total Expenses			