

Monthly Budget

| Month | Beginning of the Month Savings | End of the Month Savings |
|-------|--------------------------------|--------------------------|
| | | |

| Household Item | Description of Item | Budget | Cost |
|--|---------------------|--------|------|
| Mortgage/Rent | | | |
| Electric | | | |
| Gas | | | |
| Internet | | | |
| Phone | | | |
| Other Bill(s) | | | |
| Groceries | | | |
| Spending (clothes, presents, etc.) | | | |
| Medical Insurance | | | |
| Medication | | | |
| Doctor Visits/Copay | | | |
| Caregiver(s) | | | |
| Kidney Friendly Diet Expense(s) | | | |
| Kidney Friendly Education (classes, resources) | | | |
| Transportation | | | |
| | | | |
| | | | |

Total Monthly Income: _____

Total Monthly Expenses: _____

For more information or to file a grievance, please contact:

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 Indianapolis, IN 46240
 Toll-Free: 800-456-6919

ESRD Network 12
 2300 Main St., Ste. 900
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