



## ACTIVITY #1: WHAT I NEED AND WHAT I WANT

List your needs in the spaces below. Think of things you need (must have) to survive, like a place to live, food to eat, or clothes to wear. And, don't forget healthcare! Next, list some of the things you want (tickets to a concert, going out to dinner, or a new TV).

### My Needs

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

### My Wants

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_



### TIP

Here's a good rule about money. When you are spending money, *it is important to put your needs first.* That's why it helps to know the difference between your needs and your wants.

 **ACTIVITY #2: MY MONEY HABITS**

Read each line below and check the response that sounds like you.

- 1. I have a spending plan or budget. Yes  No
- 2. I track my spending every month. Yes  No
- 3. I pay my bills on time or before the due date. Yes  No
- 4. I have money in a bank, credit union or ABLE Account. Yes  No
- 5. I pay my credit card balance in full every month. Yes  No
- 6. I know the total amount of any debts I have. Yes  No
- 7. I have reviewed my credit report in the past 12 months. Yes  No
- 8. I save money every month. Yes  No
- 9. I could pay for an unexpected expense today if had to. Yes  No

Are there any NO answers above that might make it hard for you to achieve your financial goals? Take some time to think about this.

 **ACTIVITY #3: SMART MONEY HABITS**

Most people would say that the habits listed above are good ones to have. Make a list of any money habits from Activity 2 that you don't have now, but would like to develop. Make a promise to yourself to start right now.

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**FINN SAYS...**

Changing your money habits takes time. Don't get discouraged.



## ACTIVITY #4: CALCULATE MY MONTHLY INCOME

In this activity you create a list of where your income comes from.

Step 1: Write down the name of each type of income you get each month. Remember to use your net income.

Step 2: Enter the total monthly amount for each one.

Step 3: Add up your total monthly income.

**My Monthly Net Income for the Month of** \_\_\_\_\_

Income Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>

### EXAMPLE: Monthly Income for SEPTEMBER

Income Description	Amount
1. Supplemental Security Income (SSI)	\$600.00
2. SNAP (food stamps)	\$150.00
3. Part-time job (net income)	\$200.00
<b>Total Monthly Income</b>	<b>\$950.00</b>



## ACTIVITY #5: TRACK EXPENSES: KEEP RECEIPTS

To figure out how you spend your money, begin by tracking your spending for at least one month. Use the tracker below to keep a record of your purchases. At the end of the month, gather all your receipts and sort them into categories (groceries, personal care items, takeout food, transportation, clothing, entertainment, or health insurance co-pays).

**Expense Tracker for the Month of** \_\_\_\_\_

Date	Description	Amount	Need	Want
1. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>



### TIP

Keep all your receipts organized. It's essential to save every receipt for every purchase, not just those made with cash. Add the total amount spent from each category of receipts. You can then use these categorized receipts in Activity #6.

## **ACTIVITY #6: ORGANIZE MY CASH EXPENSES**

In this activity, list your cash expenses and decide whether each one is a need or a want. You'll use this information later when you put together your money map.

Step 1: Name each expense category and check either need or want for the expense.

Step 2: Write the amount you spent in each category next to the item.

**My Cash Expenses for the Month of** \_\_\_\_\_

Expense Description	Need	Want	Amount
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

### **EXAMPLE: Cash Expenses for SEPTEMBER**

Expense Description	Need	Want	Amount
1. Personal care items from drug store	X		\$ 7.65
2. Takeout meals		X	\$ 9.20
3. Groceries	X		\$150.00
4. Doctor visit co-pay	X		\$ 25.00



## ACTIVITY #7: ORGANIZE MY RECURRING MONTHLY EXPENSES

Make a list of your fixed recurring monthly expenses and decide whether each expense is a need or a want. Recurring expenses are expenses that keep happening in the same way month after month. You'll use this information later when you put together your money map.

Step 1: List each expense and whether it is either a need or a want.

Step 2: Write the amount you spent next to the expense.

### My Fixed Recurring Monthly Expenses for the Month of \_\_\_\_\_

Expense Description	Need	Want	Amount
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

### EXAMPLE: Fixed Recurring Monthly Expenses for SEPTEMBER

Expense Description	Need	Want	Amount
1. Rent	X		\$400.00
2. Utilities	X		\$ 74.00
3. Phone	X		\$ 20.00
4. Student loan payment	X		\$ 50.00



## ACTIVITY #8: ORGANIZE MY CREDIT/DEBIT CARD PURCHASES

In this activity create a list of credit card and checking/debit account purchases. You'll use this information later when you put together your money map.

Don't put anything on this list that you included in your Recurring Monthly Expenses. If you don't have a physical receipt, you can check your bank account and credit card activity online or from your paper statement.

Step 1: List each purchase and check whether it is either a need or want.

Step 2: Write the amount you spent next to the purchase.

### My Credit/Debit Card Purchases for the Month of \_\_\_\_\_

Purchase Description	Need	Want	Amount
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

### EXAMPLE: Credit/Debit Card Purchases for SEPTEMBER

Purchase Description	Need	Want	Amount
1. Groceries	X		\$10.00
2. Birthday gift for Mom		X	\$45.00
3. Concert tickets		X	\$50.00
4. Audio books		X	\$26.50

**ACTIVITY #9: BRING IT ALL TOGETHER!**

The information you use to build your “Personal Statement of Monthly Income and Spending” comes from the lists you made in Activities #6, #7, and #8. The worksheet is on the next page.

Step 1: Copy all of the items checked “need” onto the list with the amount spent on each need.

Step 2: Add up each expense in this category to determine the total amount spent on your needs.

Step 3: Copy all of the items checked “want” onto the list with the amount spent on each one.

Step 4: Total the amount spent on your wants.

Step 5: Add your total needs to your total wants.

Step 6: Enter the amount of your monthly income from Activity #4.

Step 7: Subtract the total of your needs and wants (Step 5) from your monthly income (Step 6) to determine your cash flow.

(Continued on next page...)



Name: \_\_\_\_\_

**My Personal Statement of Income and Spending for the Month of \_\_\_\_\_**

**Step 1: My Needs**

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

**Step 2: My Total Needs** \$ \_\_\_\_\_

**Step 3: My Wants**

Description	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

**Step 4: My Total Wants** \$ \_\_\_\_\_

**Step 5: My Expenses (Total Needs + Total Wants)** \$ \_\_\_\_\_

**Step 6: My Total Monthly Income** \$ \_\_\_\_\_

**Step 7: My Cash Flow (Income - Expenses)** \$ \_\_\_\_\_

## **ACTIVITY #10: COMPARISON SHOPPING**

Ready to shop? Don't forget to compare! A good way to spend wisely is to get in the habit of comparison shopping. Comparison shopping means comparing the quality, price, and convenience of the products or services you want before buying them.

In addition to saving you a lot of money, comparison shopping also gives you information about what is available in your area, and allows you to use the shopping method that is most convenient and efficient for you. See the example below and use the blank chart to help you the next time you comparison shop.

### **EXAMPLE: Comparison Shopping for Jeans**

Store:	GAP (at the Mall)	Discount Store (Marshalls)	Internet	Thrift Store
Price:	\$50	\$35	\$30	\$10
Location:	Far away	Close	My home	Very close
Hours:	Convenient	Convenient	Convenient	Only open until 4:30 p.m.
Extra Costs:	\$10 for paratransit	None	\$7 for shipping	None
Other:	Fun to visit!	None	Can't try them on	Don't have my size

In the example above, we chose to buy the jeans from the discount store because:

- The jeans cost \$15 less at Marshalls than they did at the mall.
- Marshalls had the right size jeans, unlike the thrift store.
- Marshalls is easy to get to.
- The online list price for the jeans is \$5 less than Marshalls, but when you add shipping it's actually \$2 more. This price might be worth the convenience of shopping from home, as long as you don't mind not trying on the jeans first.

(Continued on next page...)

Name: \_\_\_\_\_

Now it's your turn! Use the blank chart below to help you comparison shop.

**Comparison Shopping for** \_\_\_\_\_

Store:	Store #1	Store #2	Store #3	Store #4
Price:				
Location:				
Hours:				
Extra Costs:				
Other:				



**FINN SAYS...**

Comparison shopping means comparing the quality, price, and convenience of what you want to purchase.

**ACTIVITY #11: COMPLETE MY PERSONAL MONEY MAP**

A money map is your most important tool for controlling your finances. It's your plan for saving and spending money. It's a good idea to make a money map for each month of the year.

In Activities 4 through 9 you figured out what your income and spending looked like for one month and created a "Personal Statement of Income and Spending."

To make a money map, simply copy your "Personal Statement of Income and Spending" (Activity 9) and make a few adjustments that reflect your plan to use surplus monies or deal with a deficit. Here's how:

- Turn the "Amount" column into your "Planned Spending" column for the next month.
- Plan your spending for the coming month by making adjustments to this column based on amounts from the previous month.
- Add one more column called "Actual Spending."
- Over the next month, use this column to record how much you actually spend.

Each month after you have recorded your spending in the "Actual Spending" column, you can then start the next month's "Planned Spending" column with those numbers. You should make adjustments to your plan for the next month to account for extra money or shortfalls.

It's very important that you not simply copy your actual spending from the month before without addressing what you really want to do with your cash flow.

On the next page is a blank worksheet that you can copy and use every month for your "Personal Money Map."

(Continued on next page...)

Name: \_\_\_\_\_

### My Personal Money Map

Month: \_\_\_\_\_

My Needs Descriptions	Planned Spending	Actual Spending
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____
My Total Needs	\$ _____	\$ _____

My Wants Descriptions	Planned Spending	Actual Spending
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
My Total Wants	\$ _____	\$ _____
My Expenses (Total Needs + Total Wants)	\$ _____	\$ _____
My Total Monthly Net Income	\$ _____	\$ _____
My Cash Flow (Income - Expenses)	\$ _____	\$ _____



**ACTIVITY #12: WHAT AM I SAVING FOR?**

You save money for the future. It's a great idea to create some savings goals for yourself. Some examples of things you might save for are:

- Special occasions like a birthday or a vacation,
- An unexpected emergency like a broken or lost cell phone, tablet, or computer,
- A long range plan like an apartment or an adapted vehicle.

List some things you plan to save for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_



**ACTIVITY #13: WHAT WILL I DO TO SAVE?**

Make a list of what you will do to save for your goals.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

 **ACTIVITY #14: \$TASH YOUR CASH**

You just started a new job and want to open a savings and checking account. Use the following comparison to decide where you put your money. Make sure you include at least one bank and one credit union in your comparison.

**Comparison Shopping for a Financial Institution (Credit Union or Bank)**

Account Features	Option A (Bank):	Option B (Credit Union):	Option C:
Nearby Locations			
Free Online Banking			
Saving Account — Minimum Deposit Amount			
Checking Account — Minimum Balance to Avoid Fees			
Overdraft Protection			
Overdraft Fees			
ATM Fees and When Charged			
Debit Card Fees			
Mobile Check Deposit Fees/Limits			

I would choose to open an account at \_\_\_\_\_ because:

\_\_\_\_\_

 **ACTIVITY #15: FUND THE ASSISTIVE TECHNOLOGY I NEED**

Assistive technology (AT) devices and services are items that help people with disabilities be more independent and live life the way they want to live it.

The federal definition is more formal and states, “Assistive technology includes any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities. An AT service directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.” (P.L. 100 - 407)

Examples of AT are:

- An adapted vehicle with a ramp, lowered floor and hand controls that makes it possible for a person who uses a wheelchair to get out into the community, visit friends, or go to work.
- A computer or iPad that helps a person who has a learning disability do well in school.
- A hearing aid that helps make it possible for a person who has a hearing loss to communicate with friends.

For more information on funding your AT, contact Pennsylvania Assistive Technology Foundation (PATF) at 484-674-0506; or go to the website [www.patf.us](http://www.patf.us).

What are the devices or services you need and possible funding resources?

Device	Possible Funding Source
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____



## **ACTIVITY #16: GET AND UNDERSTAND MY CREDIT REPORT**

Request a copy of your credit report by:

- Going online, [annualcreditreport.com](https://annualcreditreport.com), and ordering a report; or, by calling 877-322-8228 (toll-free)
- You can also check out some of the companies for information and a free credit score that you can track over time. Credit Karma, [creditkarma.com](https://creditkarma.com), works with TransUnion and Equifax; and, Credit Sesame, [creditsesame.com](https://creditsesame.com), works with TransUnion.

### WHAT SHOULD YOU DO IF YOU FIND A MISTAKE ON YOUR CREDIT REPORT?

If you find a mistake on your credit report, contact the credit-reporting bureau that is reporting it and give them details and copies of all supporting documents. They will tell you what documents are needed. Follow-up with the credit agency if you do not receive a satisfactory response within thirty days from the date your letter was mailed. It is also a good idea to contact the other credit reporting bureaus, too.

The three major national credit bureaus are:

- Equifax, 1-888-298-0045 or [equifax.com](https://equifax.com)
- Experian, 1-888-397-3742 or [experian.com](https://experian.com)
- TransUnion, 1-800-916-8800 or [transunion.com](https://transunion.com)

Your Follow-up:

- Did you get a copy of your credit report?  Yes  No
- Was all of the information correct?  Yes  No
- Did you receive your credit score?  Yes  No



### FINN SAYS...

People who are blind or have low vision may request their free annual credit reports in Braille, large print or audio format by calling 877-322-8228.

Consumers who are D/deaf and hard of hearing can access the TDD service to request their credit report by calling 7-1-1 and referring the Relay Operator to 1-800-821-7232.



### TIP

It's possible to place a credit (security) freeze on your credit report which will stop a credit bureau from releasing any information without your permission to any new loan, employment, or credit application. You must contact all three credit bureaus to place a freeze on your credit report.

**ACTIVITY #17: PROTECT MYSELF FROM IDENTITY THEFT**

How Can You Protect Your Identity?

- Never throw personal information in the trash, especially a public trash can. Always shred personal documents like credit card bills, ATM receipts, and bank statements. Be sure you shred items small enough that they cannot be put back together.
- Use only secure websites (https) when you make Internet purchases. Payment apps, like Venmo, Zelle, and PayPal are a fairly safe way to make online purchases and payments. When using any payment app, make sure you are sending it to the right person or business.
- Be aware of who is around and may be watching when you use an ATM machine.
- Be very cautious when giving out your Social Security number or financial information online or to someone over the phone.
- Stop before you click on links in an email or text. Instead, use a trusted email or a phone number to contact the business, financial institution, or government organization.
- Use a spam filter and antivirus software on your computer and set it to automatically update.
- When you create a User Identification (USER ID) and Personal Identification Number (PIN) code for an account, make it something that will be difficult to guess (don't use your birthday).
- Make sure that you keep a copy of all of your account numbers in a safe place.
- If you ask someone to get cash for you with your debit or credit card, always ask for a receipt to be sure that the amount you received is exactly the amount that was withdrawn. Make sure to monitor your account by reviewing your bank statements online or when they come in the mail.
- Never share financial information like account, credit card, or Social Security numbers over public Wi-Fi.

Make a list of things you can do right now to protect yourself from identity theft:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

 **ACTIVITY #18: PREPARING FOR INDEPENDENCE**

Review each of the items in the task categories. Place a check mark in the column to indicate if you can do the task listed. Then check the support column if you need support to complete the task and if you have that support in place.

Task		Support		
		Can Do	Need	Have
<b>1. Food</b>	Meal planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safe food storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Grocery shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Personal Care and Hygiene</b>	Shower and bathe regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Schedule hair cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Health</b>	Determine need for medical help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Schedule medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Follow medical instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Take medication w/out instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Housekeeping</b>	Change bed linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Routine house-cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Call for repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Emergency and Safety</b>	Operate locks on doors/windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recognize the smell of gas leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extinguish fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contact police/fire by 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Transportation</b>	Driver's license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arrange for transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Social</b>	Ask friends to come over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Go somewhere with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hobby or other interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 **ACTIVITY #19: HOUSING PRACTICE MONEY MAP**

Living independently is a serious financial commitment that starts with dependable income from a job, disability benefits, and/or public supports.

As a general guide, ongoing housing expenses (rent/mortgage loan payments, real estate taxes, renter's/homeowner's insurance, parking, homeowner's association, and utilities) should not exceed 30% of your gross monthly income. Here is an example:

Gross monthly income:  $\$2,000 \times 0.30 = \$600$   
maximum amount per month for housing expenses

Now enter your information to find the maximum amount you should spend each month on housing:

\$ \_\_\_\_\_ x 0.30 = \$ \_\_\_\_\_  
(Gross monthly income)

This is your **maximum monthly housing expenses.**

In order to get a better feel for managing your money when living independently, it's good to plan and practice!

Step 1: Enter the maximum amount you should spend on housing each month in your money map under the Planned Spending column.

Step 2: Enter all of your planned needs and wants from your original money map.

Step 3: Calculate your cash flow.

Step 4: Do you have enough money to meet all of your other needs and have enough for wants? If not, revisit needs and wants from Chapter 1.

Step 5: "Practice" living independently, at least financially. Deposit your maximum monthly housing expenses into a savings account and practice managing your other needs and wants with your remaining income. Track how you do using the Actual Spending column.

(Continued on next page...)

Name: \_\_\_\_\_

### My Housing Practice Money Map

Month: \_\_\_\_\_

My Needs Descriptions	Planned Spending	Actual Spending
1. Maximum monthly housing expenses	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____
My Total Needs	\$ _____	\$ _____
My Wants Descriptions	Planned Spending	Actual Spending
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____
My Total Wants	\$ _____	\$ _____
My Expenses (Total Needs + Total Wants)	\$ _____	\$ _____
My Total Monthly Income	\$ _____	\$ _____
My Cash Flow (Income - Expenses)	\$ _____	\$ _____

 **ACTIVITY #20: MY HOUSING NEEDS AND WANTS**

When identifying a place to live where you will be independent, safe, and content, carefully consider what you need vs. what you want (those things that can be flexible). For example, if you are employed, maybe living within five miles of your job with access to public transportation is a need. A want might be living within five miles of a movie theater.

	<b>Need</b>	<b>Want</b>
Location: (city, town, neighborhood, etc.)		
Distance to:		
Family and friends		
Job		
Health care facilities		
Pharmacy and grocery store		
Entertainment		
Access to Public Transportation		
Type of property: (apartment, townhouse, etc.)		
Number of bedrooms:		
Number of bathrooms:		
Accessibility:		
Amenities:		
On-site laundry		
In-unit laundry		
Parking		
Community area		
Other:		
Assistance accepted: (vouchers, subsidies, etc.)		

 **ACTIVITY #21: COMPARISON SHOPPING FOR A HOME**

Once you have identified what you need and what you want in a home, it's time to go see what's out there.

Unit Comparison	Unit 1	Unit 2	Unit 3
Location:			
Type of Property:			
Bedrooms:			
Bathrooms:			
Accessibility:			
Amenities:			
Other:			
Utilities Included:			
Assistance Accepted:			

Cost Comparison	Unit 1	Unit 2	Unit 3
Security Deposit/ Down Payment:	\$ _____	\$ _____	\$ _____

**Compare to Amount I Have Saved: \$ \_\_\_\_\_**

Monthly Rent/ Mortgage Payment:	\$ _____	\$ _____	\$ _____
Utilities (not included):	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
Total Housing Expenses:	\$ _____	\$ _____	\$ _____

**Compare to My Maximum Monthly Housing Amount: \$ \_\_\_\_\_ (from Activity 19)**

 **ACTIVITY #22: PACED DECISION-MAKING MODEL**

Decision-making can be challenging for many people, especially if the decision has significant consequences or there are multiple criteria to consider. The PACED model of decision-making is flexible for use in many scenarios. The PACED model is a chart where you can list your priorities and options when making a decision. In Activity #10, we used the PACED model to comparison shop for a pair of jeans. The PACED model can be used for all relevant decision you are facing or may face in the future.

**PACED Decision-Making Model**

- P: Define the **P**roblem.
- A: List the **A**lternatives.
- C: Select **C**riteria.
- E: Carefully **E**valuate the alternatives.
- D: Make a **D**ecision.

**Problem:** \_\_\_\_\_  
 \_\_\_\_\_

Criteria	Alternative #1	Alternative #2	Alternative #3
Criterion 1:			
Criterion 2:			
Criterion 3:			
Criterion 4:			

Decision: \_\_\_\_\_  
 \_\_\_\_\_



 **MY ROAD TO FINANCIAL INDEPENDENCE CHECKLIST**

A big part of being more financially independent is having a personal financial file. This file should contain anything you might need to be established as an adult, allowing you to open a bank account, to build credit, and to help you get the services you need to live independently. You will need to create a system that works for you. Here are some suggestions:

- Investigate your eligibility for Supplemental Security Income (SSI) [ssa.gov/ssi/](https://ssa.gov/ssi/).
- Explore your eligibility for Home and Community-Based Services waiver programs (“waivers”) at [dhs.pa.gov/Services/Assistance/Pages/Home-and-Community-Based%20Services.aspx](https://dhs.pa.gov/Services/Assistance/Pages/Home-and-Community-Based%20Services.aspx).
- Register with the Office of Vocational Rehabilitation (OVR) if you’re interested in working or need help keeping your job at [dli.pa.gov/Individuals/Disability-Services/ovr/Pages/default.aspx](https://dli.pa.gov/Individuals/Disability-Services/ovr/Pages/default.aspx).
- Have a copy of your Social Security card.
- Obtain a driver’s license or a non-driver’s identification card.
- Establish a relationship with a bank or credit union (obtain a debit card).
- Register to vote (age 18).
- Register with Selective Service (Ages 18–25). All males (with limited exceptions) must register with Selective Service at [sss.gov/register](https://sss.gov/register) to be eligible for benefits and programs linked to the registration.
- Gather healthcare and community services information onto a USB flash drive and keep it with you. Be sure to include:
  - Personal identification information,
  - Health insurance policy number,
  - Doctors’ and specialists’ contact information,
  - Prescriptions,
  - Durable Medical Equipment (DME) vendor contact information, and
  - Service coordinator/case manager/supports broker contact information.
- Prepare a Power of Attorney and an advanced directive.