

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

Date: \_\_\_\_\_ County of Origin: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Youth: \_\_\_\_\_

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