The Arc
Greater Haverhill–Newburyport

Adult Family Care (AFC)
Monthly Financial Log

Month and Year: _____

AFC Member: _____ AFC Caregiver: _____

Monthly Spending Formula:

AFC Member's Monthly SSI/SSDI Total: _____
(Minus) AFC Member's Monthly Room & Board Total: _____
Equals Member's Total Monthly Spending: _____

Date	Purpose	Expense	Balance
	Starting Monthly Balance	**N/A**	

AFC Caregiver Signature: _____ Date: _____

AFC Coordinator's Signature: _____ Date: _____