

GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES
 NON-CUSTODIAL PARENT EMPLOYMENT PROGRAM (NCPEP)
FINANCIAL ANALYSIS

Client Name: _____ SSN#: ***-**-_____
 Number of Adults in Family: _____ Number of Children in Family: _____
 Net Monthly Income: \$ _____ Total Monthly Expenses: \$ _____

Source	Current (During Service)	Projected (After Services)	Item	Current (During Service)	Projected (After Services)			
TANF			House Payment					
SSI/SSDI			Electric Bill					
Food Stamps			Gas Bill					
Alimony			Water Bill					
Child Support			Sewage Bill					
Unemployment			Phone Bill					
Take-home pay			Cable TV Bill					
Family Help			Grocery Bill					
Savings			Food Eaten Out					
Other			Medicine/Drugs					
Total Net Income	1-\$ _____	3-\$ _____	Laundry/Dry Clean					
<u>Financial Analysis Summary</u> Total Current Net Income: 1-\$ _____ Less total Current Expenses: 2-\$ _____ Equal (-Neg/+Pos) Reminder: \$ _____ Total Projected Net Income: 3-\$ _____ Less total Current Expenses: 4-\$ _____ Equal (-Neg/+Pos) Reminder: \$ _____ <u>Net Income Needed to Become Self-Sufficient</u> 1. Divide total projected expenses by 173 hours to determine net hourly wage needed: _____ 2. Multiply net hourly wage by 1.17 to determine gross hourly wage needed: _____ Is the Client earning enough now to cover Total Current Expenses? _____ Will the services being considered lead to job paying the above hourly wage within two years? _____ If the answer is "No"- Note action to be taken: _____ _____ _____						Toiletries		
						Cleaning Products		
						Insurance- Life		
						Insurance- Home		
						Insurance- Health		
						Insurance- Auto		
						Public Transportation		
						Auto- Gas		
						Auto- Maintenance		
						Clothing		
						Entertainment		
						Vacation Fund		
						Donations		
						Child Support		
						Savings		
						Credit Card Payment		
						Car Payments		
						Loan Payments		
						Medical Bills		
						Dental Bills		
						Other		
						Other		
						Other		
						Total Expenses	2-\$ _____	4-\$ _____
						Client Signature: _____ Date: _____ Staff Signature: _____ Date: _____		