



Living...Not Just Surviving

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Life Planning for
Special Needs Children
A Division of KFDE

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Board of Directors

- Steve Morris, President
Jeffrey Krull, Vice President
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KFDE Activities

- Disability & Systems Change Legislation
Special Needs Trust Planning and Advisory Services
Financial Planning for Special Needs Children
Disabilities & Life Planning Consulting
Personal Assistance Services (a.k.a. care aide assistance) Consulting
Life Outside of Nursing Homes Through Independent Living Advocacy
Planning for Success in Education & Employment for Students with Disabilities
Consulting on Marriage & Family with Disabilities
Consulting on Accessible & Affordable Housing Through Universal Design
Assistive Technology Resources Consulting
Consulting on the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act
Consulting on Work Incentives for Persons with Disabilities Seeking Employment
Seminars and Workshops on Disability Subjects

Actual and Projected Supplementary Costs Per Month (Current Dollars)

Supplementary Expenses Worksheet

TOTAL Expenses that are incurred each month by, or for, the person with the disability.

GOVERNMENT BENEFITS \$ (Total income from All Government Resources excluding Family Assistance. Do not include basic medical/dental care that is paid by Medicaid, Medicare, MediCal or private medical/dental insurance.)

Form with columns for Housing (Rent/Month, Utilities, Maintenance, etc.), Medical/Dental Care (General Medical/Dental Visits, Therapy, etc.), Care Assistance (Live-In, Respite, etc.), Personal Needs (Haircuts, Telephone, etc.), Employment (Transportation, Workshop Fees, etc.), Education (Transportation, Fees, etc.), Social/Recreational (Sports, Special Olympics, etc.), and Food (Meals, Snacks, etc.).

\$_____	Special Equipment	\$_____	Insurance
_____	Environmental Control	_____	Medical/Dental
_____	Elevator	_____	Burial
_____	Repair of Equipment	_____	Van/automobile
_____	Computer	_____	Housing/rental
_____	Audio Books	_____	Other
_____	Ramp	\$_____	Miscellaneous
_____	Guide/Hearing Dog	_____	Other
_____	Technical Instruction	_____	Other
_____	Hearing Aids, batteries, etc.		
_____	Wheelchair		
_____	Other		
_____	Other		
		TOTAL EXPENSES	\$_____
		GOVERNMENT	
		BENEFITS	\$_____
		SUPPLEMENTARY	
		EXPENSES	\$_____