

**MASSACHUSETTS MONEY MANAGEMENT PROGRAM  
CLIENT INTERVIEW FORM**

List of Monthly Income and Expenses

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Is the current account balance below \$3,500?  Yes  No

Is the current balance below \$2000/\$3000 if client receives SSI or Medicaid?  Yes  No

**Monthly Gross Income**

SSA (after deduction of Medicare Part B) \_\_\_\_\_

SSI \_\_\_\_\_

SNAP (Food Stamps) \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL Monthly Income** \_\_\_\_\_

**Monthly Expenses**

Rent/Mortgage \_\_\_\_\_

Utilities Gas/Oil \_\_\_\_\_

Electricity \_\_\_\_\_

Water/sewage/trash \_\_\_\_\_

Cell Phone \_\_\_\_\_

Phone \_\_\_\_\_

Cable \_\_\_\_\_

Internet \_\_\_\_\_

Food Groceries \_\_\_\_\_

Prepared Meals \_\_\_\_\_

Transportation Public \_\_\_\_\_

Auto expenses, gas, etc. \_\_\_\_\_

Medical Doctor's Visits \_\_\_\_\_

Home Health (Personal Care) \_\_\_\_\_

Medications \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Prescription Insurance \_\_\_\_\_

Other \_\_\_\_\_

