The form on the next page may be used as an attachment to an Annual Report when (1) there is no Guardian of the Estate and (2) the Guardian of the Person is managing funds of the Ward pursuant to Court order *other than Social Security funds*.

Amount of	_	
income received*(other than Social Security)	Expenses for Food and Housing	Expenses for Clothing, Medical/Dental, Personal Items, Recreation, Miscellaneous
\$	\$	\$
Show the total amount of any benefits you saved for the beneficiary, including any interest earned. Please list the source(s) of income		
	than Social Security) \$ amount of any benev, including any inter ist the source(s) of in	received*(other than Social Security) and Housing and Housing security) \$ amount of any benefits you saved for y, including any interest earned. ist the source(s) of income