

3. B. How much of the total accountable amount did you spend for the beneficiary's food and housing during the report period?

DOLLAR AMOUNT  
(NO CENTS)  
  ,

C. How much of the total accountable amount did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items during the report period?

DOLLAR AMOUNT  
(NO CENTS)  
  ,

If the beneficiary lives in an institution or other care facility and you spent less than \$360 a year for the beneficiary's personal needs, please explain how his/her needs were met:

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D. How much, if any, of the total accountable amount did you save for the beneficiary as of the last month in the report period? If none, show zeroes.

DOLLAR AMOUNT  
(NO CENTS)  
  ,

4. If you showed an amount in 3.D. above, place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT					B. TITLE OR OWNERSHIP		
Savings/Checking Account	U.S. Savings Bonds	Certificates of Deposit	Collective Savings/Patient's Fund	Other	Beneficiary's Name by Your Name	Your Name for Beneficiary's Name	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. A. If you answered "Other" in 4.A., show the type of account or investment in which the benefits are saved:

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B. If you answered "Other" in 4.B., show the title of the account in which the benefits are saved:

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