



Monthly Expenses	
<b>* Expenses (for the household include dollar amount):</b>	
<input type="checkbox"/> Mortgage _____	<input type="checkbox"/> Medical _____
<input type="checkbox"/> Childcare _____	<input type="checkbox"/> School Expenses _____
<input type="checkbox"/> Rent _____	<input type="checkbox"/> Utilities _____
<input type="checkbox"/> Food _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Transit _____
<input type="checkbox"/> Utilities _____	<input type="checkbox"/> Vehicle _____
<b>Dietary Considerations</b>	
<input type="checkbox"/> Dairy Allergy	<input type="checkbox"/> Diabetic
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Peanut Allergy	<input type="checkbox"/> Kosher
<input type="checkbox"/> Vegan	<input type="checkbox"/> Pork Allergy
	<input type="checkbox"/> Seafood Allergy
	<input type="checkbox"/> Sulfite Allergy
	<input type="checkbox"/> Egg Allergy
	<input type="checkbox"/> Pre-Diabetic
	<input type="checkbox"/> Halal
	<input type="checkbox"/> Other
	<input type="checkbox"/> Thyroid