

BUDGET SUMMARY TEMPLATE

B. SERVICE CATEGORIES

Core Services

	Requested Amount	Clients	Units of Service
Ambulatory/Outpatient Medical Care	\$0.00	0	0
AIDS Pharmaceutical Assistance (Local)	\$0.00	0	0
Oral Health Care	\$0.00	0	0
Health Insurance Premium/Cost Sharing	\$0.00	0	0
Mental Health Services - Outpatient	\$0.00	0	0
Medical Nutrition Therapy	\$0.00	0	0
Medical Case Management (including treatment adherence)	\$0.00	0	0

Support Services:

Case Management (Non-Medical)	\$0.00	0	0
Early Intervention Services	\$0.00	0	0
Food Bank/Home Delivered Meals	\$0.00	0	0
Medical Transportation Services	\$0.00	0	0
Direct Care Subtotal	\$0.00	0	0

Direct Care Total **\$0.00**