MAKING CHOICES

**HOW WILL YOU INVEST YOUR RESOURCES?**

If you had a 14-candy budget to spend every month, how would you spend it? Place the required number to indicate your spending choices.

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| **CATEGORY** | **A – 1 CANDY** | **B – 2 CANDY PIECES** | **C – 3 CANDY PIECES** |
| **CHILDCARE** | **Child is watched by an elderly neighbor** | **Child attends a childcare program that is not accredited and offers limited stimulation** | **Child attends a quality childcare program that offers early-learning components preparing your child to enter school** |
| **FOOD (PER PERSON)** | **1 meal per day** | **2 meals a day** | **3 meals a day** |
| **HEALTHCARE** | **No health/dental coverage** | **Health/dental coverage for one parent through employer, but not the entire family** | **Health/dental coverage for entire family though employer** |
| **HOUSING** | **1 bedroom, 1 bath apartment, no yard, street parking only** | **2 bedroom, 1 bath apartment, patio, parking space** | **3 bedroom house, small fenced in yard, garage, dishwasher** |
| **SPENDING MONEY** | **No money left after the bills are paid** | **$20 left over each week after bills are paid** | **$50 left over each week after bills are paid** |
| **TRANSPORTATION** | **Walk, bike, or take public transportation** | **Family owns 1 car** | **Family owns 2 cars** |
|  **TECHNOLOGY** | **No computer, no cell phones** | **1 cell phone, no computer** | **2 cell phones and a computer** |