

Making Choices



How will you invest your resources?

If you had a “15-candy budget” to spend every month how would you spend it? What would your priorities be? Place the required number of candies to indicate your spending choices. You have to make a choice for each category (you can’t skip any categories). You are married; you both work and have a son, 14 and a daughter, 9.

CANDY BANK



CATEGORY	A (Candy)	B (2 Candies)	C (3 Candies)
Housing	Studio apartment (1 bedroom), 1 bath, unfurnished, no patio/deck/yard, street parking only (no covered parking space), stove only <input type="checkbox"/>	3 bedroom, 1 bath apartment, unfurnished, covered patio, 1 covered parking space, stove and refrigerator <input type="checkbox"/> <input type="checkbox"/>	2 bedroom, 1 1/2 bath house, unfurnished, small fenced yard, 2-car garage, stove, refrigerator and dishwasher <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Healthcare	No health insurance, you pay for all health related costs <input type="checkbox"/>	Health insurance for you through your employer but no health insurance for your family members <input type="checkbox"/> <input type="checkbox"/>	Health insurance for you and your family through your employer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food (per-person)	1 meal a day <input type="checkbox"/>	2 meals a day <input type="checkbox"/> <input type="checkbox"/>	3 meals a day + snacks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transportation	Walk or bike everywhere, no public transit available <input type="checkbox"/>	Walk, bike or take public transit <input type="checkbox"/> <input type="checkbox"/>	Own your own car <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Technology Access	No computer No cell phone Black and white TV – no cable <input type="checkbox"/>	No computer Cell phone TV – no cable <input type="checkbox"/> <input type="checkbox"/>	Home computer Cell phone TV with cable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Laundry Facilities	Laundromat <input type="checkbox"/>	Shared laundry room in apartment complex <input type="checkbox"/> <input type="checkbox"/>	Own washer/dryer, in your home <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Shopping	1 grocery store within walking distance, no mall within 20 miles <input type="checkbox"/>	Grocery store across the street from your home and a mini-mall within a mile <input type="checkbox"/> <input type="checkbox"/>	2 grocery stores nearby and a large mall within walking distance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Spending Money	After the bills/food are paid no extra money left <input type="checkbox"/>	\$20 left over each week after all bills are paid <input type="checkbox"/> <input type="checkbox"/>	\$50 left over each week after all bills are paid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Uh oh....an unexpected expense has occurred!



One of your children has an infected tooth and has to see the dentist. The family doesn't have dental insurance. In order to get the child the dental care, the family must give up 2 tokens.

Please remove 2 candies from the game board.
Adjust your choices as needed.

Uh oh....there has been another change!

Your spouse has just been laid-off without severance pay.

Please remove 4 candies from the game board.

Adjust your choices as needed.

