

## Summary of Income

Please fill out this form to be reviewed for potential discounts. Staff can help if you have any questions.

**Check all that apply:**     I receive food stamps.         I receive Temporary Assistance to Needy Families (TANF).

Name of Each Household Member <small>Please name each person in your household.</small>	Source of Income for Each Household Member <small>For each person, check all that apply.</small>	Yearly Income TOTAL for Each Household Member
(Client Name) 1)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
2)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
3)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
4)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
5)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
6)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
7)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$

I, the undersigned, hereby certify that the above statements are to the best of my knowledge true and complete.

I agree to notify Porter-Starke Services, Inc. immediately if there is a change in my income or insurance status.

I also understand that if any of the above statements are determined at any time to be false, I will be responsible for payment of all past and future services at the full fee, plus any charges for collections, attorney's and court costs.

I have received and reviewed a copy of the **Client Rights & Responsibilities** document.

**I refuse to provide income.** *I understand that my refusal to provide income disqualifies me from receiving any potential discounts for services.*

**\* Your signature is required on this form, whether you agree or refuse to provide income. \***

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

► *Staff: I am affirming I have reviewed with client to verify and calculate the yearly income, number of household members, and HAP eligibility.*

<p style="text-align: center;"><b>TOTAL Number of Household Members</b> (including client):</p> <p style="text-align: center;">_____</p> <p>► In Streamline, enter number under # <b>Dependents</b>.</p>	<p style="text-align: center;"><b>STAFF DIRECTIONS FOR DATA ENTRY OF INCOME DATA</b></p> <p style="text-align: center;">► <b>No dependents or income entered until this form is done.</b></p> <ol style="list-style-type: none"> <li>1. <b>HAP eligible:</b> IN resident, income eligible, Medicaid, HIP, TANF and/or food stamps. If no state encounter track, add track to client account.</li> <li>2. <b>Not HAP eligible:</b> End date any existing state encounter tracks.</li> <li>3. <b>If income refused with Medicaid, TANF and/or food stamps, including HIP:</b> Enter in 1 for dependents and \$31,300 for income regardless of family size.</li> <li>4. <b>If income refused and not Medicaid (including HIP), TANF and/or food stamps:</b> Enter in 1 for dependents and <b>five 9's</b> in income field.</li> </ol>	<p style="text-align: center;"><b>TOTAL Yearly Income for Entire Household:</b></p> <p style="text-align: center;">\$ _____</p> <p>► In Streamline, enter amount under <b>Income</b>.</p>
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Client Name: \_\_\_\_\_ Client Account: \_\_\_\_\_