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 Please name each person in your household.	**Source of Income for Each Household Member** For each person, check all that apply.		**Yearly Income TOTAL for Each Household Member**
(Client Name) 1)	❏ Wages ❏ Social Security ❏ Disability	❏ Unemployment ❏ Child Support ❏ Other:	$
2)	❏ Wages ❏ Social Security ❏ Disability	❏ Unemployment ❏ Child Support ❏ Other:	$
3)	❏ Wages ❏ Social Security ❏ Disability	❏ Unemployment ❏ Child Support ❏ Other:	$
4)	❏ Wages ❏ Social Security ❏ Disability	❏ Unemployment ❏ Child Support ❏ Other:	$
5)	❏ Wages ❏ Social Security ❏ Disability	❏ Unemployment ❏ Child Support ❏ Other:	$
6)	❏ Wages ❏ Social Security ❏ Disability	❏ Unemployment ❏ Child Support ❏ Other:	$
7)	❏ Wages ❏ Social Security ❏ Disability	❏ Unemployment ❏ Child Support ❏ 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.*

TOTAL Number of Household Members (including client): _____ ▶ In Streamline, enter number under **# Dependents**.	**STAFF DIRECTIONS FOR DATA ENTRY OF INCOME DATA** ▶ *No dependents or income entered until this form is done.* 1. **HAP eligible:** IN resident, income eligible, Medicaid, HIP, TANF and/or food stamps. If no state encounter track, add track to client account. 2. **Not HAP eligible:** End date any existing state encounter tracks. 3. **If income refused with Medicaid, TANF and/or food stamps, including HIP:** Enter in 1 for dependents and $25,760 for income regardless of family size. 4. **If income refused and not Medicaid (including HIP), TANF and/or food stamps:** Enter in 1 for dependents and **five 9's** in income field.	**TOTAL Yearly Income for Entire Household:** $ _____ ▶ In Streamline, enter amount under **Income**.

Client Name: _____ Client Account: _____

Directions: Scan into Streamline under "Scanned Summary of Income"
Revised: 06/13/11, 3/28/14, 9/25/15, 2/15/16, 12/12/19, 2/20, 2/21, 6/21, 7/21, 9/21