

DECLARATION OF INCOME

Please include income received for all members of the household.



Sources of income include: Salaries and wages, tips, retirement income, social security, investment income including interest, child support and other cash sources for the family.

| Household Member Names Please list names of all people in the household | Source of Income (work, child support, social security, etc.) | Frequency of Income (weekly, bi-weekly, bi-monthly, monthly, yearly, etc) | Amount of Income | STAFF USE ONLY Yearly Income for Household Members Equals Frequency Times Amount Weekly is income x 52 Bi-weekly is income x 26 Bi-monthly is income x 24 Monthly is income x 12 |
|--|--|--|----------------------|---|
| If receiving Food Stamps, please indicate monthly amount | | | Total Food Stamps \$ | XXXXXXXXXXXXXX |
| If receiving Temporary Assistance to Needy Families (TANF), please indicate monthly amount | | | Total TANF \$ | XXXXXXXXXXXXXX |
| Client Name: 1) | | | \$ | \$ |
| 2) | | | \$ | \$ |
| 3) | | | \$ | \$ |
| 4) | | | \$ | \$ |
| 5) | | | \$ | \$ |
| 6) | | | \$ | \$ |
| 7) | | | \$ | \$ |
| Staff Use Only Total number of members listed above including client: <i>Enter same number into system under # Household and # Dependents</i> | | Staff Use Only Total yearly income for household: <i>Enter under Income in system</i> | | Staff Use Only \$ |

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.

CHECK HERE if you refuse to provide income. Refusal disqualifies you for any potential discounts.

Client's Signature: X _____ Date: _____

Staff Signature/ Title: X _____ Date: _____

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

For Staff Use Only Below This Line

Client Name: _____

Client Account: _____

Directions: Scan into Accumed under "Income Attestation"

Revised: 06-13-11 03/28/2014 09/25/2015

STAFF DIRECTIONS FOR DATA ENTRY OF INCOME DATA

No dependents, income, or CSDS fields entered until this form is done.

1. HAP eligible: IN resident, income eligible, Medicaid, HIP, TANF and/or Food Stamps. Enter today's date as CSDS start date. **If not blank leave alone.**
2. Not HAP eligible: Enter CSDS Start & End dates with today's date
3. If income refused with Medicaid, TANF and/or Food Stamps, including HIP: Enter in 1 for Household and 1 for dependents and \$23,540 for income regardless of family size. Enter CSDS Start Date.
4. If income refused and not Medicaid (including HIP), TANF and/or Food Stamps: Enter in 1 for dependents and **four 9's** in income field enter today's date for Start and End Dates for CSDS.