

Individual Name: _____ Date: _____

A. Monthly Gross Income

	Individual	Spouse
Social Security	\$	\$
SSI	\$	\$
Retirement/Pension	\$	\$
Interest	\$	\$
VA Benefits	\$	\$
Wages/Salaries/Earnings	\$	\$
Other (i.e. rental income)	\$	\$
Subtotal:	\$	\$
A. Total Monthly Gross Income:	\$	

B. *Asset Adjustment: (Include only "liquid" assets that are easily convertible into cash.)

	Individual	Spouse
Cash:	\$	\$
Savings:	\$	\$
Checking:	\$	\$
CD's:	\$	\$
Money Market:	\$	\$
Stocks/Bonds:	\$	\$
trusts:	\$	\$
Other:	\$	\$
Subtotal:	\$	\$
Total Combined Assets:	\$	
subtract \$10,000 asset disregard:	- 10,000	
divide by 12:	/12	
B. Asset Adjustment:	\$	

C. Monthly Medical Expenses (Divide one-time bills by 12.)

	Individual	Spouse
Prescriptions:	\$	\$
Over-the-counter medications:	\$	\$
Physician Bills:	\$	\$
Hospital Bills:	\$	\$
Health Ins Premiums (Medicare/BCBS, etc):	\$	\$
Therapy (OT/PT/ST):	\$	\$
Medical Equipment and Supplies:	\$	\$
Other (explain):	\$	\$
Subtotal:	\$	\$
C. Total Monthly Medical Expenses:	\$	

D. Adjusted Monthly Income

A. Total Monthly Gross Income (above):	\$
	<i>plus (+)</i>
B. Asset Adjustment (above):	\$
	<i>minus (-)</i>
C. Monthly Medical Expenses (above):	\$
D.*Adjusted Monthly Income	\$

***Financially eligible if "Adjusted Monthly Income" is at or below 300% SSI rate (2023).**

Individual = \$ 2,898.12 Couple = \$ 4,409.64

Name of person completing form: _____

Send with complete packet to: DAIL, Moderate Needs Program