

Division of Aging Services HCBS Income Worksheet

Completed for _____

Part A: Household Information

Number in Household _____

List the name of each household member by family unit:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Part B: Income Information

Sources of Monthly Income

Applicant/Recipient's Statement of Amount

- | | |
|---|----------|
| 1. Wages or salary (earned income) | \$ _____ |
| 2. Net wages from self-employment (farm/non-farm) | _____ |
| 3. Social Security pensions, survivor benefits, disability payments | _____ |
| 4. Public Assistance (TANF, SSI, General Assistance) | _____ |
| 5. Dividends, interest, royalties | _____ |
| 6. Private pensions, annuities, other retirement benefits | _____ |
| 7. Unemployment compensation | _____ |
| 8. Workers compensation | _____ |
| 9. Alimony | _____ |
| 10. Child support | _____ |
| 11. Veteran's pension | _____ |
| 12. Military allotment | _____ |

Total Monthly Income \$ _____

(Minus) Cost of Out-of-Pocket Health care, Rx, OTC meds, CCSP cost share - _____

(Equals) **Adjusted Monthly Household Income** = \$ _____

Part C Calculations

1. Adjusted monthly household income \$ _____
 multiplied x 12 =
 Total Annual household income \$ _____

2. Determining the Fee

Unit Cost for _____ = \$ _____ per _____
 (enter name of service #1)
 Unit Cost for _____ = \$ _____ per _____
 (enter name of service #2)
 Unit Cost for _____ = \$ _____ per _____
 (enter name of service #3)

3. **Per cent of cost share :** _____ % from fee scale

4. **Amount of cost share :** Service 1 \$ _____ Service 2 \$ _____ Service 3 \$ _____

Completed by _____ Date _____