

PROVIDER/PAYEE

Please Bring The Following Information With You To Each Staffing

1. Financial Information

Current Monthly Gross Income:

- | | |
|-------------------------------------|----------|
| a. Public Assistance Payments | \$ _____ |
| b. Social Security | \$ _____ |
| c. Veterans Administration Benefits | \$ _____ |
| d. SSI | \$ _____ |
| e. GROSS Employment Wages | \$ _____ |
| f. Child Support | \$ _____ |
| g. SSDI | \$ _____ |
| h. Dividends, interest, etc. | \$ _____ |
| i. Railroad Pension | \$ _____ |
| j. Other Income | \$ _____ |

Total Monthly Gross Income \$ _____

****Note:** All Current Monthly Income must be taken from the prior month.

Resources:	Amount	Bank, Trustee, or Co.
a. Cash on Hand	\$ _____	_____
b. Checking	\$ _____	_____
c. Savings	\$ _____	_____
d. Certificates of Deposit	\$ _____	_____
e. Trust Funds	\$ _____	_____
f. Stocks/Bonds	\$ _____	_____
g. Burial Funds/Life Ins.	\$ _____	_____
h. Other Resources	\$ _____	_____

Total Resources \$ _____

****Note:** All Resource Information must be taken from the last day of the prior month.

****Note: If this form is being completed for a service request, all resource information must be taken from the date of the service request.**