## **Income Declaration Form**

HFI is funded by federal, state, and local funders. <u>Services are free to families</u>. In order for services to be free to families the HFI staff must collect income information from all families, at the first meeting. They will ask to see, and obtain copies of income documentation which may include paystubs or W-2 forms, proof of Social Security/SSI, Unemployment, Child Support, TANF, Food Stamps, Medicaid information. This information is confidential and only shared with funders.

HFI appreciates your cooperation. If you are unwilling or unable to provide the information listed above, the HFI program may only be able to give you community resources, based on the availability of local funding.

Name of Parent	of Parent SSN		
Name of Parent		SSN	
Name of Target Child		SSN (if available)	
1. W	ho lives in your home?		
Please check all that are ap	•		
-	Mother of baby	Baby	
	Prenatal mother	Children of father (if in home)	
	Prenatal baby	Children of mother (if in home)	
	Children of mother & father (if in home)	Father (if in home)	
	Other		
		Total in household	
2.	Document Eligibility through another	service agency	
Please check all that apply	Medicaid for baby	Food Stamps	
	Medicaid for whole family		
	Medicaid for older child	Cash Assistance (TANF)	
	(not disability)	、 ,	
	Case ID#		
*Please provide the car			
Or			
01			
3.	Document Eligibility through income	verification	
	What is your monthly income?	· · · · · · · · · · · · · · · · · · ·	
Please check all that apply	what is your montiny meetine.		
T lease check an that apply	Child Support \$	Unemployment benefits \$	
	Child Support \$ Social Security benefits \$	Housing assistance \$	
	Social Security for child \$	Thousing assistance \(\phi \	
*DI		ncome X 12 = \$Total Annual Income	
-	entation for the last 30days		
Or			
4.	Do you not have any income, but rece	ive assistance somewhere else?	
	Yes	No	
*Please provide a letter	r from the provider of assistance		
I declare this information	on is true to the best of my knowledge. I	understand that the above information will	
shared with Healthy Fan	nilies Indiana funders.		
Signature:		Date:	
Healthy Families Staff		Date :	
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There are 2 in your	There are 3 in your	There are 4 in your	There are 5 in your
Household	Household	Household	Household
36,775 or less	\$46,325 or less	\$55,875or less	\$65,425 or less
Eligible	Eligible	Eligible	Eligible
more than 36,775	more than \$46,325	more than \$55,875	more than \$65,425
Not Eligible	Not Eligible	Not Eligible	Not Eligible
There are 6 in your	There are 7 in your	There are 8 in your	There are 9 in your
Household	Household	Household	Household
\$74,975 or less	\$84,525 or less	\$94,075 or less	\$103,625 or less
Eligible	Eligible	Eligible	Eligible
more than \$74,975	more than \$84,525	more than \$94,075	more than \$103,625
Not Eligible	Not Eligible	Not Eligible	Not Eligible

Signature:	Date:
Healthy Families Staff	Date:

## Please check the yearly income amount that is closest, without going over.

## **Documentation Guidelines for Assessment Workers**

- This needs to be done prior to assessment.
- The numbers below correspond to the questions within the Income Declaration Form. If the family is TANF/Food Stamp eligible you will only need to obtain the specified documentation. For some Medicaid and other clients additional data will be needed. Please refer to instructions for each question on what is required in that step and how to proceed.
- 1. Please make sure you are only getting information for that family household and not other people that may also live in the home. Household members are primary adults interested in enrolling in the home visiting program including children also living in the home. This does not include other adults living in the home who are not participating in the program.
- 2. If the family is receiving or is enrolled in TANF, Medicaid (categories specified below), or Food Stamp programs they are automatically eligible under Healthy Families. Obtain a copy or picture of the RID# or the Case # as evidence of eligibility. The RID# is found on the back of issued Medicaid Cards and Case #s are found on FSSA/DFR paperwork delivered to participants of these Programs. If the Medicaid type is not one of those listed below then proceed to question #3 and gather income verification documentation.
- 3. If one of the adults are employed you will need the following information to verify income for all household members.
  - Collect the income for the previous month prior to assessment
  - If self employed copy of tax return and/or quarterly taxes, W2,
  - Other types of assistance you will need to verify the amount. This can look different based on type of assistance. For example copy of check stub or award letter for Social Security or Unemployment benefits will be sufficient. Examples for child support could be a bank statement, check stub, or court order. The documentation should be something showing who the funds are going to and the amount.
  - Take total from page 1 of monthly income and compare with poverty guidelines to determine TANF eligibility.
- 4. Some people have no income as they may be a teen mom or receiving help from other relatives and friends. If this is the case and they are not receiving any benefits nor any income, but someone is paying for the family to live please get a letter stating this from that individual. For example if maternal grandma is allowing the mom and baby to stay there and paying for their needs then a note from grandma will be sufficient. This note can be given to the mom to give to the home visitor.
- If income or program involvement cannot be verified then you can use the income declaration form by itself as verification. This should be used as a last resort and less that 5% of the time should be seen at a site.