

Summary of Income

Please fill out this form to be reviewed for potential discounts. Staff can help if you have any questions.

Check all that apply: I receive food stamps. I receive Temporary Assistance to Needy Families (TANF).

Name of Each Household Member <small>Please name each person in your household.</small>	Source of Income for Each Household Member <small>For each person, check all that apply.</small>	Yearly Income TOTAL for Each Household Member
(Client Name) 1)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
2)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
3)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
4)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
5)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
6)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$
7)	<input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Disability <input type="checkbox"/> Other:	\$

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.

I have received and reviewed a copy of the **Client Rights & Responsibilities** document.

I refuse to provide income. *I understand that my refusal to provide income disqualifies me from receiving any potential discounts for services.*

*** Your signature is required on this form, whether you agree or refuse to provide income. ***

Client Signature: _____ **Date:** _____

Staff Signature/Title: _____ **Date:** _____

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

<p style="text-align: center;">TOTAL Number of Household Members (including client):</p> <p style="text-align: center;">_____</p> <p>► In Streamline, enter number under # Dependents.</p>	<p style="text-align: center;">STAFF DIRECTIONS FOR DATA ENTRY OF INCOME DATA</p> <p style="text-align: center;">► No dependents or income entered until this form is done.</p> <ol style="list-style-type: none"> 1. HAP eligible: IN resident, income eligible, Medicaid, HIP, TANF and/or food stamps. If no state encounter track, add track to client account. 2. Not HAP eligible: End date any existing state encounter tracks. 3. If income refused with Medicaid, TANF and/or food stamps, including HIP: Enter in 1 for dependents and \$29,160 for income regardless of family size. 4. If income refused and not Medicaid (including HIP), TANF and/or food stamps: Enter in 1 for dependents and five 9's in income field. 	<p style="text-align: center;">TOTAL Yearly Income for Entire Household:</p> <p style="text-align: center;">\$ _____</p> <p>► In Streamline, enter amount under Income.</p>
--	--	---

Client Name: _____ Client Account: _____

Directions: Scan into Streamline under "Scanned Summary of Income"

Revised: 06/13/11, 3/28/14, 9/25/15, 2/15/16, 12/12/19, 2/20, 2/21, 6/21, 7/21, 9/21, 2/23