

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)	\$	\$
<b>Subtotal:</b>	<b>\$</b>	<b>\$</b>
<b>A. Total Monthly Gross Income:</b>	<b>\$</b>	

**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:	\$	\$
<b>Subtotal:</b>	<b>\$</b>	<b>\$</b>
<b>Total Combined Assets:</b>	<b>\$</b>	
subtract \$10,000 asset disregard:	- 10,000	
divide by 12:	/12	
<b>B. Asset Adjustment:</b>	<b>\$</b>	

**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):	\$	\$
<b>Subtotal:</b>	<b>\$</b>	<b>\$</b>
<b>C. Total Monthly Medical Expenses:</b>	<b>\$</b>	

**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):	\$	
<b>D.*Adjusted Monthly Income</b>	<b>\$</b>	

**\*Financially eligible if "Adjusted Monthly Income" is at or below 300% SSI rate (2024).**

Individual = **\$ 2,996.04**      Couple = **\$ 4,562.40**

Name of person completing form: \_\_\_\_\_

Send with complete packet to: DAIL, Moderate Needs Program