

Client's Name: _____

*Examples of Income Sources:	Social Security, SSI, Veteran's Benefits, dividends/interest, Railroad Retirement, pension, other retirement, salary/wages/earnings, income from rental property or other business, child support, alimony, General Assistance, on-going cash from others.
**Examples of Essential Expenses	Rent/mortgage, electricity, heating –cooling fuel costs (prorate to monthly amount), water/sewer, food, clothing (prorate to monthly amount), home repair and household maintenance costs (based on identified safety need), laundry, medical bills/prescriptions and co-pays, property taxes (prorate), essential insurance premiums (prorate), transportation costs, other essential expenses. Document the correlation to health and safety.
***Unmet Financial Need	May include unmet needs or expenses that are not accounted for in the monthly expenses. This would include one-time purchases or a new service that the client has not had access to but is an essential need. Examples of this might include deposits, purchase of basic furnishings, etc.
Personal Needs Allowance	The client is allowed a \$66.00 per month Personal Needs Allowance (PNA). This amount is disregarded when calculating the client's income and can be used by the client for those items not considered essential expenses. The \$66.00 is based on the current Special Assistance PNA for individuals residing in a licensed residential care facility. This includes the \$20 disregard which applies to most unearned income sources.
Other Benefits	Rental Assistance including tenant-based rental assistance, Energy Assistance (seasonal). List these under monthly income sources.
Resources	Assess the availability of liquid resources that might be available to meet needs.

B. Does Client Have Medical Coverage

Source	Yes	No	Effective Date	Application Date if client is not already eligible	Current Client Cost (include in Essential Monthly Expenses, if appropriate)
Medicaid					\$
Medicare					\$
Part A					\$
Part B					\$
Part D					\$
Private Health Insurance or Marketplace (include name)					\$
Other					\$

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C. Other Resources

Source	Yes	No	Bank or other Financial Institution Name	Balance
Savings Account				\$
Retirement Account				\$
Other Assets				\$
Burial Plan (Is the Plan Irrevocable?)				\$

D. Client's/family's perception of client's financial situation and ability to manage finances.

E. Are there any problems/irregularities in the way the client's money is managed (by self or others) ____ No ____ Yes
 If yes, explain: _____

F. If expenses exceed income, what does the client do to manage?

G. If client has resources that are not being used, document why they are not being used to meet the client's needs.

H. Clients/family's perceived unmet needs include (Include estimated costs for unmet needs when possible.)

I. Document any In-Kind support or assistance the client receives. Consider this when determining unmet needs.

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J. COMPUTATION OF SA IH PAYMENT

1. Total Monthly Available Income including other Resources or Benefits	\$
2. Total Monthly Essential Expenses (To the Monthly Essential Expenses Total on Section A, add the \$66 personal needs allowance)	\$
3. Total Monthly Deficit or Surplus (This is the difference between #1 and #2. Show + or -)	\$
4. SA/IH <u>Maximum</u> Payment Amount (determined by DSS income maintenance caseworker)	\$
5. Compare total in #3 to Maximum Payment Amount in #4. If #3 is deficit, can recommended deficit amount be covered in maximum payment amount?	Y <input type="checkbox"/> N <input type="checkbox"/>
6. If there are legitimate unmet financial needs that must be included in the monthly payment amount, enter amount.	\$
7. Recommended SA/IH Payment Amount (If payment exceeds amount in #3, document reason below).*	\$

*List below those items and amounts from Page 1, **Unmet Financial Need**, that need to be addressed to ensure the client's health and safety. Enter in Item 6 above. Make sure to adjust the payment if these are one time or short term expenses.

Unmet Need Reason for SA/IH Payment Need	Amount to be Addressed by SA/IH Payment	Anticipated Duration (Date need will be met)

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Section K: Special Assistance In-Home Plan

The SA/IH **maximum** authorized payment based on the DSS Income Maintenance Caseworker communication is \$_____.
 The SA/IH recommended authorized payment, effective, _____, is \$_____.

Client has following unmet needs based on the economic assessment. The SA /IH funds will be used for the following:

Service/Item	Initial Monthly Amount	Change in Service/Item	Revised payment Amount	Date/Initial Change
TOTAL Recommended SA/IH Payment (cannot exceed maximum authorized by DSS)	\$		\$	

Client agrees to use the SA/IH payments as specified above. Failure to use this payment as agreed upon may result in reduction or termination of payment. If changes are needed in the SA/IH Plan prior to the annual Economic Reassessment, document above. Worker and client should initial and date.

 Client/Representative Signature

 Date

 Worker Signature

 Date