DECLARATION OF INCOME

Please include income received for all members of the household.

Sources of income include: Salaries and wages, tips, retirement income, social security, investment income including interest, child support and other cash sources for the family.

PORTER STARKE
SERVICES
Health · Balance · Hope

Household Member Names Please list names of all people in the household	**Source of Income** (work, child support, social security, etc.)	**Frequency of Income** (weekly, bi-weekly, bi-monthly, monthly, yearly, etc)	**Amount of Income**	**STAFF USE ONLY** Yearly Income for Household Members Equals Frequency Times Amount Weekly is income x 52 Bi-weekly is income x 26 Bi-monthly is income x 24 Monthly is income x 12
If receiving Food Stamps, please indicate monthly amount			Total Food Stamps $	XXXXXXXXXXX
If receiving Temporary Assistance to Needy Families (TANF), please indicate monthly amount			Total TANF $	XXXXXXXXXXX
Client Name: 1)			$	$
2)			$	$
3)			$	$
4)			$	$
5)			$	$
6)			$	$
7)			$	$

Staff Use Only		*Staff Use Only*		*Staff Use Only*
Total number of members listed above including client: *Enter same number into system under* **# Household** *and* **# Dependents**		**Total yearly income for household:** *Enter under* **Income** *in system*	$	

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.

☐ **CHECK HERE if you refuse to provide income. Refusal disqualifies you for any potential discounts.**

Client's Signature: X _____   Date: _____

Staff Signature/ Title: X_____   Date: _____
Staff: I am affirming I have reviewed with client to verify and calculate the yearly income, number of household members, and HAP eligibility.

For Staff Use Only Below This Line

Client Name: _____

Client Account: _____

Directions: Scan into Accumed under "Income Attestation"

Revised:06-13-11 03/28/2014 09/25/2015 02/15/2016 3/20/17

STAFF DIRECTIONS FOR DATA ENTRY OF INCOME DATA
No dependents, income, or CSDS fields entered until this form is done.
1. HAP eligible: IN resident, income eligible, Medicaid, HIP, TANF and/or Food Stamps. Enter today's date as CSDS start date. **If not blank leave alone.**
2. Not HAP eligible: Enter CSDS Start & End dates with today's date
3. If income refused with Medicaid, TANF and/or Food Stamps, including HIP: Enter in 1 for Household and 1 for dependents and $24,120 for income regardless of family size. Enter CSDS Start Date.
4. If income refused and not Medicaid (including HIP), TANF and/or Food Stamps: Enter in 1 for dependents and **four 9's** in income field enter today's date for Start and End Dates for CSDS.