

PROVIDER/PAYEE

Please Bring The Following Information With You To Each Staffing
(This will be assessed as part of our quality assurance for each provider)

1. Financial Information

Current Monthly Income:

a. Public Assistance Payments	\$ _____
b. Social Security	\$ _____
c. Veterans Administration Benefits	\$ _____
d. SSI	\$ _____
e. Net Employment Wages	\$ _____
f. Child Support	\$ _____
g. SSDI	\$ _____
h. Dividends, interest, etc.	\$ _____
i. Railroad Pension	\$ _____
j. Other Income	\$ _____

Total Monthly Income \$ _____

****Note:** All Current Monthly Income must be taken from the prior month.

Resources:	Amount	Bank, Trustee, or Co.
a. Cash on Hand	\$ _____	_____
b. Checking	\$ _____	_____
c. Savings	\$ _____	_____
d. Certificates of Deposit	\$ _____	_____
e. Trust Funds	\$ _____	_____
f. Stocks/Bonds	\$ _____	_____
g. Burial Funds/Life Ins.	\$ _____	_____
h. Other Resources	\$ _____	_____

Total Resources \$ _____

****Note:** All Resource Information must be taken from the last day of the prior month.

****Note: If this form is being completed for a service request, all resource information must be taken from the date of the service request.**