

## State Personal Assistance Income Determination

Consumer Name					Social Security #					
Is the consumer currently receiving any of the following types of assistance?										
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No		SSI <input type="checkbox"/> Yes <input type="checkbox"/> No		Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No			SSDI <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered YES to any of the above, the consumer is not expected to contribute to the cost of services on the Independent Living Plan (ILP) other than the use of any available Comparable Services and Benefits.										
Comparable Services & Benefits: list, if any:										
1    Total Yearly Gross Income    \$										
Verification Source: (Please check one)		Federal tax-return - 1040, 1040k 1040 EZ (most current)		Pay stub showing gross in-come per (month, week, etc..)			Employer's Statement			
Other (specify)				*Verification must be attached to this form and filed in the consumer's case record.						
2    Federal Poverty Guidelines times 250% for the Basic Living Requirements										
A    Check family size in appropriate box.										
Persons		1	2	3	4	5	6	7	8	Other
Check Family Size										
Annual Allowable BLR**		\$25,525	\$34,225	\$42,925	\$51,625	\$60,325	\$69,025	\$77,725	\$86,425	
* **For each additional person over 8, add \$8,700										
B    Does income exceed the Allowable Basic Living Requirement (BLR)?   Y / N										
If you answered NO to 2.B. STOP. The consumer is not expected to contribute to the cost of services, but comparable services still apply.   If Yes, continue.										
3    Disability Related Expenses – ATTACH SUPPORTING DOCUMENTS										
List the YEARLY costs for necessary disability-related expenses for applicant and/or spouse if such disability-related expenses are not covered by any other benefit or resource. (Do not include the cost of any disability related expenses that will be purchased or provided by I.L. Center or any comparable service or benefit).										
Personal Care Attendant Services								\$		
Medical expenses, not covered by insurance, which are paid on a monthly basis, as documented by medical statements and/or canceled checks – see examples in SPAS Policy Manual §1115 Economic Need.								\$		
Disability related clothing, needs, devices, and adaptive equipment, including maintenance of such devices and equipment.								\$		
Other (List):								\$		
TOTAL ANNUAL DISABILITY RELATED EXPENSES								\$		
4    ASSETS										
A    Liquid Assets: List the total value of any of the following assets owned by consumer, consumer's spouse or consumer's family, as applicable:										
Savings    \$					Stocks/Bonds    \$					
Certificates of Deposits    \$					Other Liquid Assets    \$					

B.	<b>Other Assets:</b> List the total equity in any of the following other fixed or personal assets, owned by the consumer, the consumer's spouse, or consumer's family as applicable: <b>DO NOT INCLUDE</b> - the value of equity in the Primary residence or automobile.		
Land or Buildings		\$	Second Vacation Homes
Rental Property		\$	Other Assets
C	<b>Total Assets (Add 4.A. and 4.B.)</b>		\$
<b>* Verification must be in the consumer's case record.</b>			
<b>Needs Determination</b>			
Enter <b>Total Yearly Gross Income</b> from No. 1 of Page 1		1	\$
Enter <b>Total Disability Related Expenses</b> from No. 3 on Page 1		2	\$
Subtract Line 2 from Line 1 for <b>Net Income</b>		3	\$
Enter <b>Total Assets</b> from No. 4.C. on Page 2		4	\$
Add lines 3 and 4 above for <b>Total Available Resources</b>		5	\$
Enter amount of <b>Basic Living Requirements (BLR)</b> from Chart on Page 1		6	\$
Check applicable line			
	The \$ amount on Line 5 is <b>equal to or less than the \$ amount on line 6.</b> The consumer <b><u>MEETS</u></b> Independent Living Center financial needs criteria.		
	If the amount (\$) on Line 5 is greater than the amount (\$) on line 6, the consumer must participate in the cost of services and the surplus must be applied toward the cost of services each month for the duration of planned services. (Take this total amount and divide by 12 months to obtain monthly surplus.)		
<b>I certify the information is correct and complete to the best of my knowledge. I understand that formal planning for services will be on my ILP and will document the application of comparable services and similar benefits to the cost of planned services.</b>			
Consumer's Signature		Date	
Arc of Louisiana Representative		Date	

**\*NOTE: VERIFICATION DOCUMENTS MUST BE ATTACHED FOR INCOME, DISABILITY RELATED EXPENSES AND ASSETS. THE FIRST \$25,000 OF CONSUMERS ASSETS IS EXEMPT. THE SPAS POLICY SECTION 1115. ECONOMIC NEED PROVIDES DETAILED INFORMATION AND LIST EXAMPLES OF EXCEPTIONS FOR DETERMINING FINANCIAL NEED.**