

INSTRUCTIONS AND SAMPLE FOR COMPLETING
STATEMENT OF FINANCIAL AND ECONOMIC STATUS
FORM DRS-314

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SSI/SSDI BENEFITS DUE TO DISABILITY

If an IL client is receiving SSI or SSDI benefits due to disability, then form DRS-314 does not need to be completed for the HMAD program*. Staff will have to document in the narratives that they saw visual proof that the IL client is receiving SSI or SSDI benefits due to disability.

*Exception: If IL applicant is a member of the Association of Hutterian Bretheran Churches, Inc. HMAD is not federally mandated. HMAD does not require federal funding from Title VII of the Rehabilitation Act. HMAD requires a financial needs test for the individual's consideration of eligibility. Members of the Colonies cannot qualify for these services, as these services are a State government determined service that has financial requirements of the individual. Colony members include all individuals who reside on real property operated by the Colony and who are dependent upon the community fund and/or treasury of the Colony. If a member of a colony claims to not be dependent upon the colony, they must provide proof of financial independence from the colony.

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Instructions for completing Statement of Financial and Economic Status form DRS-314

The Statement of Financial and Economic Status form DRS-314 must be completed by the CIL before the delivery of services that are based upon economic need. See Scope of Services for the services based on economic need.

Name: Enter name of IL client or parent or guardian on whom the statement is being completed.

Family unit consists of the head of household and all other individuals the head of household can currently claim as dependents for federal income tax purposes. Check the appropriate box (es) and enter a total figure for the family unit. An individual cannot be counted twice.

SECTION 1. Yearly Income and Expense –

- A. **Total Annual Income:** The total annual income is the sum of the following eight categories. Use the Chart A on the backside of the form to calculate the following.
1. **Adjusted Gross Income:** The adjusted gross income is obtained from the Federal Income Tax Return, Form 1040, 1040EZ or 1040A. When the tax return form is not available or it is determined that the past year is not an accurate picture of the family unit's present financial status, the yearly income can be verified through other means. Other means can include check stubs for wages, tips, royalties, business income and rental income. Documentation must include a copy of the 1040 or a case note documenting that counselor verified the financial income from other sources.
 2. **OASI:** Old Age Survivors Insurance
 3. **Public Assistance:** Total dollars from programs such as Welfare, TANF (Temporary Assistance for Needy Families), Housing, Heat Assistance, and food stamps
 4. **Family Aid:** Alimony and child support.
 5. **Compensation:** Unemployment, worker's compensation, or other disability benefits.
 6. **Other Income:** Veteran Benefits, Tribal/Trust funds, Inheritance or other settlements.
- B. **185% of Poverty Level:** Use Chart B on the backside of the form to find the Family Unit size and enter the 185% of Poverty Level amount in this block.
- C. **Extenuating Costs:** Use Chart C on the backside of the form, to list and calculate the extenuating costs. List only the costs for the following three categories:
1. "Medical Costs" the cost of medical, dental, medical insurance premiums, psychological and personal assistance services for which there is evidence that payments are being made during the year. Inactive accounts which show no regular and current payments will not be considered.

2. "Training Expenses" the cost for the consumer and other dependent family members attending an educational institution for post high school training, education on an undergraduate level and/or costs of elementary or secondary students attending special education or training facilities. For members involved in a four-year undergraduate study, the amount may not exceed the fees set by the South Dakota Board of Regents according to SDLC 13-53-6.
3. "Child Care Expenses" the cost of child care for dependent family members because of absence of parents due to employment or training.

Subtract 185% of Poverty Level and the Extenuating Costs from the Yearly Income. In some cases, this could be a negative figure. Enter either a positive or negative number for the available dollars.

SECTION 2. Income Producing Real Property: Total all income producing real property of the family unit and show the current value. Income Producing Real Property is considered to be the value of any property held by the individual that produces income. This is to include the value of the rental property, value of business property and business assets that produce income. This does not include a single-family farm or ranch where the family lives on and is the sole income producing property. Subtract the indebtedness and \$75,000 (allowable equity) from the real property value to determine the available dollars. Enter either a positive or negative number for the available dollars.

SECTION 3. Cash, Bonds, Securities, Investments: List any cash, bonds, securities and investments of the family unit. All savings must be considered, even if there is a penalty for early withdrawal. Irretrievable trusts, Life Insurance Policies and designated Retirement Accounts are excluded from this category. Enter either a positive or negative number for the available dollars. Subtract both the \$3,500 deduction for self and \$250 for spouse and each dependent child to determine the available dollars.

SECTION 4. Resources Available for the HMAD Program: Total only the Available Dollars from SECTIONS 1, 2, and 3 that are greater than \$0.00. Negative dollars from one section cannot decrease the dollars from another section. The total dollars available must be applied to the HMAD program.

Signatures: Enter both the IL Specialist signature and the IL client, parent or guardian signature.

DRS-314 Statement of Financial and Economic Status

Name of IL Client/Parent/Guardian: John Smith

FAMILY UNIT - Self 1 Spouse 1 Dependents Total 2

SECTION 1. Yearly Income and Expenses -

<u>\$ 19,900</u>	-	<u>\$29,101</u>	-	<u>\$ 300</u>	=
Yearly Income Use chart A		Minus 185% of Poverty Level - Use chart B		Minus Extenuating Costs Use chart C	
				<u>\$ -9,501</u>	
				.Available Dollars	

SECTION 2. Income Producing Real Property

<u>\$ 20,000</u>	-	<u>\$ 15,000</u>	-	<u>\$75,000</u>	=
Real Property Value		Minus Indebtedness		Minus Allowable Equity	
				<u>\$ -70,000</u>	
				.Available Dollars	

SECTION 3. Cash, Bonds, Securities, & Investment

Note: All savings MUST be considered, even if there is a penalty for early withdrawal. (EXCEPTION: Irretrievable trusts)

<u>\$ 4,500</u>	-	<u>\$3,500</u>	-	<u>\$ 250</u>	=
Total Cash, Bonds, Securities & Investment		Deduction for self		Deduct \$250 for spouse and each dependent child	
				<u>\$ 750</u>	
				.Available Dollars	

SECTION 4. Resource Available for the HMAD Program -

Total the Available Dollars from SECTIONS 1, 2, and 3 that are Greater than \$0.00. Negative dollars from one section

Cannot decrease the dollars from another section. \$ 750
The total available dollars must be applied to the HMAD program.

I declare and affirm under the penalties of perjury that the foregoing is true and correct to the best of my knowledge and ability.

John Smith 11/1/2014

IL Client/Parent/Guardian Signature

Date

Jane Brown 11/1/2014

IL Specialist Signature

Date

CHART A

Use this worktable to calculate income for Section 1.

Adjusted Gross (Tax Form 1040, 1040A, 1040EZ)	\$	<i>19,000</i>
OASI	\$	
.....		
Public Assistance	\$	
.....		
Family Aid, Alimony, Child support, etc.....	\$	
Compensation: Unemployment, worker's compensation, or other disability benefits, etc...	\$	<i>900</i>
Other Income: Veteran Benefits, Tribal/Trust funds, Inheritance or other settlements, etc.....	\$	
*** Total Income	\$	<i>19,900</i>

CHART B

Use this information for 185% of poverty level in Section 1.

185% of Poverty Level	185% of Poverty Level
<u>Family Size</u>	<u>Family Size</u>
1 \$21,775	5 \$52,559
2 \$29,471	6 \$60,255
3 \$37,167	7 \$67,951
4 \$ 44,863	8 \$75,647

* Note: For each additional family member, add \$7,696.

CHART C

Use this worktable to calculate extenuating costs for Section 1.

Medical costs	\$	<i>300</i>
Training Expenses	\$	
ChildCare Expenses.....	\$	
*** Total Extenuating Cost	\$	<i>300</i>

REMARKS
