DSHS WASHINGTON STATE Department of Social and Health Services

DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES (DDCS)

Client Income Report

MONTH INCOME RECEIVED

CLIENT NAME (LAST, FIRST, MI)	CLIENT DDCS ID
RESIDENTIAL PROVIDER NAME AND PROVIDER NUMBER	TELEPHONE NUMBER

CLIENT'S RESIDENTIAL TYPE

☐ Adult Family Home (AFH) ☐ Community ICF/ID ☐ Support Living ☐ Family Home
☐ Adult Residential Center (ARC) ☐ DDCS Group Home ☐ Assisted Living ☐ Own

DDCS CASE/RESOURCE MANAGER	CRM TELEPHONE NUMBER

CRM MAILING ADDRESS	CITY	STATE	ZIP CODE

Earned Monthly Income	
TOTAL GROSS EARNED INCOME	$
Unearned Monthly Income	
State Supplemental Income (SSI)	$
Social Security (SSA)/Social Security Disability Insurance (SSDI)	$
Railroad Retirement	$
Native American Benefits	$
Veteran's Benefits	$
Other:	$
Resources	
• Only report total resources when they exceed $2,000 per month. • Do not report social security back payments as a resource until the 11th month from the month of receipt.	
Resources (money) on hand that was received in previous months	$
Allowable Exemptions	
Representative Payee fees	$
Court ordered guardianship fees and expenses	$
Income garnished child support	$
Health insurance and co-pays	$
Necessary medical not covered by Medicaid or Medicare	$
The client has a spouse living in the community and: • not on a HCBS Waiver • not in a medical facility	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
The client has a dependent child?	☐ Yes ☐ No

I declare under penalty of perjury that the information given by me in this report is true, correct, and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law RCW 74.08.055.

CLIENT OR PAYEE SIGNATURE	DATE

Client Income Report Instructions

Income Reporting Methodology:
Month 1 – Income received.
Month 2 – Report income from Month 1 to DDCS by the 10th of the following month.
Month 3 – Client participates from income received in Month 1.

Month Income Received:
The month the income was received by the client.

Client DDCS (ADSA) ID:
Insert if available.

Residential Provider Name and Provider Number:
Enter the name and number used on the provider contract.

Client's Residential Type:
Check the appropriate box. Only one box may be checked.

CRM (Case Resource Manager) name, telephone number and mailing address:
Enter the name of the client's CRM.

Total Gross Income:
The total wages received in the prior month, including taxes, benefits, tips, etc.

Earned Income:
Wages received from a job.

Unearned Income:
Money received as a benefit from one or more of the sources listed.

Resources:
Money on hand during Month 1 that was received prior to Month 1. If the total is more than $2,000, report the total. The amount exceeding $2,000 is available for participation.

Allowable Exemptions:
Client expenses that are exempted from the client income available for participation.

- Enter the amount owed by the client for any of the listed items.
- Answer "Yes" or "No" to the questions about spouse and children. A "Yes" may result in additional income being exempted for the spouse or child.

Signature:
If the client has a representative payee, the payee is responsible to complete and sign this report. The client signs the report only if the client has no representative payee or legal guardian for finances who is responsible for completing this form.