



Financial Statement

CUSTOMER NAME

Do you receive:

- SSI SSDI Medicaid
 DSHS Cash or Food Assistance
 Tribal TANF or General Assistance

If you receive any of the above, only Sections E and G of this form are required.

Need will be determined on the basis of the:

- Family Unit
 Customer

The purpose of this form is to document your financial status. Your contribution to the cost of your individualized plan for employment (IPE) will be determined based on your income and funds from real and personal assets. This information will be used by the Division of Vocational Rehabilitation (DVR) to calculate your ability to financially contribute to the costs of your IPE. This form is to be completed by you and a DVR representative based on information provided by you, your parent, guardian, or other representative if applicable. Your income, assets, and liabilities will be calculated on the basis of either your family unit or you as an individual customer depending on your federal income tax filing status during the last tax year.

A. Modified Adjusted Gross Income (Simplified Financial Statement)

Complete if you have your most		Complete if you do NOT have	
1. Adjusted Gross Income (Form 1040: Line 8b)	\$	1. Wages, tips, and salary for the most recent month (before taxes are withheld)	\$
2. Tax exempt interest (Form 1040: Line 2a) and non-taxable Social Security retirement or survivor benefits (Line 5a on Form 1040)	+ \$	2. Self-employment income (after paying any business-related expenses)	+ \$
		3. Any other income received (e.g., unemployment benefits, alimony, retirement benefits, interest income, capital gains, dividends)	+ \$
Modified Adjusted Gross Income	= \$	4. Any deductions (e.g., alimony paid, contributions to an HSA account)	- \$
If your Modified Adjusted Gross Income (MAGI) does not exceed the limits in the table below, your VR Counselor will verify the information provided and		Modified Adjusted Gross Income	= \$

waive the requirements for financial participation in the cost of your IPE.	(Monthly Basis)
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Income	Individuals	Family of 2	Family of 3	Family of 4
Monthly	\$4,150	\$5,626	\$7,103	\$8,580
Annual	\$49,795	\$67,517	\$85,238	\$102,960
Income	Family of 5	Family of 6	Family of 7	Family of 8
Monthly	\$10,057	\$11,534	\$13,010	\$14,487
Annual	\$120,682	\$138,403	\$156,125	\$173,846

NOTE: Proceed directly to **Section G** of this form if your MAGI does not exceed the above.

B. Monthly Income from All Sources (complete only if MAGI exceeds amount in the table provided in Section A)

1. Wages, tips, and/or salaries after taxes (or self-	\$
2. Compensation, insurance, pensions, monthly annuities from trusts or dividends, interest, and/or rents	+ \$
3. Maintenance and/or child support	+ \$
4. Other income	+ \$
B. Total Monthly Income	= \$

C. Real and Personal Assets (complete only if MAGI exceeds amount in the table provided in Section A)

1. Checking / Savings (total) – attach current monthly statement(s)	\$	
2. Motor vehicles – exclude one vehicle per household member if vehicle is needed for work, school, or VR / IL services; specify vehicles and value	A.	+ \$
	B.	+ \$

3. Recreational vehicles (boats, trailers, motorcycles, etc.); specify vehicles and value		+ \$	
		+ \$	
4. Real estate and structures – excluding your primary residence	+ \$		
5. Stocks, bonds, trusts, certificates of deposit, etc., which do not produce income counted above	+ \$		
Base Asset Exemption	- \$	5,000	
C. Total Real and Personal Assets	= \$		
D. Actual Monthly Liabilities (complete only if MAGI exceeds amount in the table provided in Section A)			
1. Rent / mortgage payments	\$		
2. Property taxes	+ \$		
3. Utilities, telephone, etc.	+ \$		
4. Insurance payments; specify type and amount		+ \$	
		+ \$	
		+ \$	
5. Credit or charge accounts; specify	Creditor / Loan	Total Owed	Monthly Minimum
		\$	+ \$
		\$	+ \$
		\$	+ \$
6. Loan payments; specify	Creditor / Loan	Total Owed	Monthly Minimum
		\$	+ \$
		\$	+ \$
		\$	+ \$

	Provider	Total Owed	Monthly Minimum
7. Medical expenses; specify		\$	+ \$
		\$	+ \$
		\$	+ \$
8. On-going disability-related expenses (attendant, therapy, prescriptions, equipment, etc.)	+ \$		
9. Transportation expenses	+ \$		
10. Vehicle license(s) (per month)	+ \$		
11. Food	+ \$		
12. Clothing	+ \$		
13. Other; specify			+ \$
			+ \$
D. Actual Monthly Liabilities	= \$		
E. DSHS Cash or Food Assistance / SSI / SSDI Medicaid Verification / Bank Statement Waiver (DVR Staff)			
1. I have verified that the customer is receiving DSHS Cash or Food Assistance, SSI, SSDI, or Medicaid, attached appropriate documentation to the Financial Statement.			VRC INITIALS
2. I have waived the requirement for bank statements and other financial information.			VRC INITIALS
F. Calculation of Customer's Contribution to Individualized Plan for Employment (DVR Staff)			

Please enter estimated number of months in IPE		
1. Total monthly income (from Section B)	B	\$
2. Total Real and Personal Assets (from Section C) divided by the number of months in the plan (for monthly assets)	C divided by number of months in IPE	+ \$
3. Total monthly resources	Line 1 plus Line 2	= \$
4. Total actual monthly liabilities (from Section D)	D	- \$
5. Monthly total of funds available for IPE	Line 3 minus Line 4	= \$
6. Total funds available for IPE services	Line 5 multiplied by number of months in IPE	= \$

If the funds available for the IPE above (Items 5 and 6) are greater than zero, this amount and services will be documented in the customer's IPE (in the sections that identify "costs associated with the plan").

G. Customer's Declaration

I understand that, according to Washington Administrative Code (WAC), if I provide verification that I receive SSI, SSDI, Medicaid, or DSHS Income Assistance, I am not required to pay for any portion of the VR services I receive. I can choose to pay for some of the services if I wish, but I am not required to do so.

I understand that this information is confidential and only used to

accomplish the goal in my IPE, in accordance with chapter 388-891A, WAC.

I swear under penalty of perjury that all information provided and entered on this form is true and constitutes a full disclosure of my income, assets, and liabilities. I understand my responsibility to immediately report to DVR any change in my financial status. I further understand that DVR may deny or suspend service if this information provided by me is found to be inaccurate or incomplete.

A copy of the most recent tax return I have filed or on which I was claimed as a dependent is included if available and appropriate, and a copy of my current savings and checking statement(s) have been provided or waived if appropriate. I will furnish other documentation of my financial status upon request.

I understand DVR's requirement to document my contribution to the cost of my IPE services based on my financial status.

SIGNATURE OF CUSTOMER / LEGAL GUARDIAN (IF APPLICABLE)	DATE
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H Counselor Declaration

I have accurately completed this form based on information provided by the customer, parent, guardian, or other representative. I have informed the customer, parent, guardian, or other representative of the purpose of this form, his or her responsibility to immediately report any change in his or her financial status, and to comply with any DVR requests to furnish additional documentation of his or her financial status. I have also informed the customer, parent, guardian, or other representative of DVR's requirements to

document his or her contribution to the cost of the customer's IPE based on his or her financial status.

COUNSELOR'S SIGNATURE DATE

PRINTED NAME