

**Outpatient Services** Verificación de ingresos Recovery Servie

Nombre del Cliente: Medicaid #:

\_\_\_\_\_ declaro que yo tengo un ingreso por la suma de cero y como tal Yo. asi lo reporto a DAYMARK. Yo entiendo que deberé reportarle a DAYMARK inmediatamente sobre cualquier variación de mis ingresos. De esta manera, mi cuenta cambiará retroactivamente a la fecha en que dichos cambios sucedieron y aplicará la tarifa que corresponde a la escala variable de cargos de DAYMARK.

Firma del Cliente

Firma del padre, madre o guardián legalmente responsable Indique la relación o vínculo con el cliente.

Nota Para El Cliente: En la parte posterior de esta página se encuentra la información referente a cuales son los tipos de ingresos reportables y los no reportables de acuerdo a como el estado de Carolina del Norte los ha definido.

Fecha de Nacimiento: \_\_\_\_\_

www.daymarkrecovery.org

Fecha

Fecha

Mental Health & Substance Abuse

Record #:

www.daymarkrecovery.org



## HOW TO DEFINE ANNUAL FAMILY INCOME

[This is a summation of the income and family size definition used by the State of OK. MH/SAS and found in their data dictionary. They are considered a leader in the United States MH/SA data arena. For the most part, it is consistent with the definitions of annual income found at 24 CFR Part 5 which is used to determine eligibility for a variety of Federal programs such as (Section 8 Housing, Community Development Block Grant, etc., public housing, low income housing tax credit, etc.).]

Income includes total annual cash receipts before taxes from all sources and includes:

- Income includes money, wages, and salaries before any deductions
  - Net receipts from non-farm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses)
- Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses)
- Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, and non-Federally-funded General Assistance or General Relief money payments), and training stipends
- Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments
- College or university scholarships, grants, fellowships, and assistantships
- Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings
- Income does not include non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, loans, and housing assistance.

If there is no annual income, enter zeroes. Enter the dollar amount only, (no cents), which represents the total combined annual income of the client and any individuals with which the client is financially interdependent.

NOTE: In the case of an adult client living with his/her parents or family, such as grandparents, aunts/uncles or brothers/sisters, only the income of the client should be listed. The income of the parents or family members providing a home to the adult client should not be included in this total. A spouse or child living with the client and providing income would be included in the income total.

## HOW TO DEFINE FAMILY SIZE - NUMBER CONTRIBUTING TO AND/OR DEPENDENT UPON THE INCOME (as defined in the preceding section)

• For family size enter the number (01-99) of individual's dependent upon or contributing to the income of the client. This should reflect the client, family members, or significant others who are interdependent financially. IT SHOULD INDICATE THE NUMBER OF PEOPLE WHO MUST LIVE ON THE INCOME REPORTED IN THE ANNUAL INCOME FIELD.

NOTE: In the case of an adult client living with his/her parents or other family, where only the income of the client was listed, then the family size should be listed as "01" to indicate the client only and not the parents. However, if the adult client has dependents also living with him/her in the parents' household, then the dependents should be reported in the number while still excluding the parents of the adult client.

No Income Verification Form revised 10/24/12, 05/23/16 leudy, 10/10/16 - le