

**Washington County Public Health
Client Financial Information**

Instructions for completing Financial Information Form

1. Monthly household income:

- a. **Earnings/Salary:** Calculate monthly salary/earnings of client and spouse (if applicable).
- b. **Social Security:** monthly net income after deductions (Medicare premium)
- c. **Disability** – SSI or any other form of disability income (i.e. Aflac, short-term, long-term disability)
- d. **Pension:** Income from ---see restricted assets from Chapter 80, VA pension, IPERS, Railroad pension, fixed sum paid regularly to a person
- e. **Income from farmland or other property**
- f. **Other income:** income that does not fall under one of the above categories
- g. **Interest from:** money received from interest bearing accounts that would not be considered Restricted Assets (Cert. of Deposits, Stocks & Bonds, etc.
- h. **Total Income:** Sum of all monthly household income sources

- 2. Monthly Medical Expenses:** Actual out of pocket medical expenses not covered by any third party payor. This could include prescription co-pays, medical/insurance deductibles, regular payments toward medical care not covered by third party payor, premiums for primary or supplemental health insurance, medical supplies necessary for treatment or care that are not covered by a third party payor, lifeline expenses, or durable medical equipment. Other medical costs may include hearing aides, eye glasses, dentures, etc.
- a. Total expenses: Sum of all monthly household medical expenses.

- 3. Unrestricted Assets:** List the amount of Certificate of Deposits, Stocks/Bonds/CD's, Savings Accounts, Checking Account, and any other assets you currently have in this section.

- 4. Total number in Household:** List total number of people living in household.