

# Income/Expense Verification Form

## Southern Hills Counseling Center

Applicant Name	Client #	List number of household dependents including self
Staff assisting in form completion		

### Income Source

Monthly Income  
(net pay after taxes)

Verification  
Documentss Attached

Employment Check	\$	
Social Security Income	\$	
Social Security Disability	\$	
Food Stamps	\$	
Other	\$	
Other	\$	

**Total Monthly \$** \_\_\_\_\_

### Expenses

Monthly Payment

Total Amount  
Owed (Optional)

Verification  
Docs Attached

Rent/Mortgage	\$	\$	
Phone (Home)	\$	\$	
Cell Phone	\$	\$	
Electric	\$	\$	
Cable	\$	\$	
Water	\$	\$	
Car Payment	\$	\$	
Car Insurance	\$	\$	
Medicaid Spenddown(if any) and to whom it is paid _____	\$	\$	
Avg. of Southern Hills Payments over ____ mos.	\$	\$	
Food	\$	\$	
Other	\$	\$	
Other	\$	\$	
Other	\$	\$	
Other	\$	\$	

**Total Monthly \$** \_\_\_\_\_

### List All Current Assets

Amount

Location

Cash	\$	
Savings Account	\$	
Checking Account	\$	
Bonds/Stocks	\$	
Other	\$	
Other	\$	

### Type of Insurance Coverage

(Check all that Apply)

- ☐ Medicaid/CareSelect/RBMC (MCO)
- ☐ Medicare or Replacement
- ☐ Commercial Insurance
- ☐ None
- ☐ Other (specify) \_\_\_\_\_

### Attached Documents (\* = required, check if attached):

- ☐ Copies of pay stubs, bank account records, current invoices, statements, etc. to verify income and expenses\*
- ☐ Copy of the last 6 months of the client's account history; highlight 1<sup>st</sup> party payments\*
- ☐ Any additional information to be considered (clinical circumstances, living situation, financial issues affecting ability to pay, etc.)

My signature below confirms that I have read, understood, and agree to each of the following statements:

1. I affirm that all information that I have provided is complete and accurate.
2. I agree that I will pay my future service fees owed to Southern Hills.
3. I understand that Southern Hills reserves the right to unilaterally rescind any assistance provided to me, reinstate the balance of unpaid service charges, and pursue collection of the unpaid charges, if the information herein has been purposefully or accidentally misrepresented.
4. I understand that I am responsible for notifying Southern Hills of any change(s) in income, expenses, or available assets.

\_\_\_\_\_  
**Signature of client/Responsible person**

Date \_\_\_\_\_

\_\_\_\_\_  
**Relationship to client**

## **Instructions for Completing Income Expense Verification Form**

### **Page 1**

1. **Applicant name.** Please include the client's full name.
2. **List number of household dependents including self.** The client should use the total number of dependents reported on her/his most recent Federal Income Tax form.
3. **Staff assisting in form completion.** Please include name of staff member.
4. **Income Source.** Next to each source, please record the monthly income derived from this source as verified and, if verification documentation is attached, check the box under Verification Form Attached.
5. **Expenses.** Next to each expense item, please record the monthly payment and (if applicable) the total amount owed in the appropriate columns.
  - a. Check the box under Verification Form Attached if applicable.
  - b. Medicaid Spenddown refers to their monthly Medicaid "deductible" amount, if applicable.
  - c. Avg. Southern Hills Payments requires an average over the last 6 months of all SHCC payments.
6. **List All Current Assets.** According to documentation supplied by the client, list the account balances for each of the assets the client possesses.
7. **Type of Insurance.** Check all that apply.
8. **Program Involvement.** Check all in which the client is currently participating.
9. **Signature of client/responsible person.** Have the client (or legal guardian if applicable) sign and date the form.

### **Attachments**

1. Attach to the completed application copies of pay stubs, bank account records, current invoices, statements, etc. to verify income, expenses, assets and debts.
2. Attach to the completed application a copy of the last 6 months of the client's account history from Essentia A/R Inquiry PRT by Date. Highlight 1<sup>st</sup> party payments made by the client.
3. Attach any additional information you wish to be considered as context for the application (clinical circumstances, living situation, financial issues affecting ability to pay, etc.).