



## **PURPOSE**

The Financial Needs Survey is the financial need standard used to determine an individual's participation in the cost of all Vocational Rehabilitation (VR) and Independent Living Rehabilitation (ILR) Services except those individuals or services specifically exempted by Agency policies and procedures.

## **PREPARED BY**

The Financial Needs Survey will be completed with each individual. The survey must be completed and financial eligibility established prior to the provision of any service which is based on financial eligibility. Financial eligibility must be continuously monitored throughout the rehabilitation process with appropriate changes reflected on the financial statement. The form will be updated at any time during the rehabilitation process when the counselor believes that the financial situation of the individual has changed, but the form must be reviewed, in all cases, by the counselor at least annually. This can be done at the same time as the required annual review of the individual's Individualized Plan for Employment (IPE) or Independent Living Rehabilitation Plan (ILP).

The counselor will consult with and obtain the approval of his/her immediate supervisor in the analysis and application of individual resources as required by policy. If the individual chooses not to provide the income information, skip sections A - H.

## **INSTRUCTIONS**

**NAME AND COUNTY** - Record the name and county as they appear on the rehabilitation application.

**ZERO INCOME** - Individual must complete the Zero Income Statement if zero income is reported. This form must be placed in the individual's case record.

**NUMBER IN FAMILY UNIT** - The family unit is a group of people, usually living together, who pool their income and draw from a common fund for their major items of expense.

If the individual is 18 years of age or older, does not necessarily classify that individual as a family of one. If the individual is being carried as a dependent on the family's tax return, then the individual would technically have available to him/her the resources of that family. For example, a youngster, even through away from home at college, would, in most instances, still be considered part of the family unit.

### **A. MONTHLY RESOURCES DURING REHABILITATION (A1) Net Income of all Applicable Family Unit Members**

**1. Name** - Net Monthly Income (NMI) - Net income is defined as gross income minus mandatory deductions, such as income taxes, Social Security withholdings, and group health insurance. The intent is to record the "take-home pay" which can be a resource during the rehabilitation program; however, withholdings for deferred compensation, loan payments, membership dues, and other automatic drafts are not considered mandatory.

Record the monthly (weekly x 4.33) pay of the individual and spouse; record also 50% of the net pay of other adult members within the family unit.

If the individual is unmarried and a family dependent, his/her net pay, if any, along with that of the family head and spouse will be recorded; 50% of the income of other family members.



## FINANCIAL NEEDS SURVEY INSTRUCTIONS

If the individual is unmarried, is not dependent upon the family for support, and is 18 years of age or older, record his/her net pay along with 50% of the income of other family members.

There may be instances when one of the above will not serve as an adequate guide. For valid reasons, some family members may not be willing to contribute towards the individual's rehabilitation. If the counselor concurs that they should not contribute, he/she should document the extenuating circumstances in Section H for their unwillingness or inability to contribute and they should not be included in the family unit when completing the form. On the other hand, there may be occasions when the individual elects to move out of the household. Such an individual may or may not be considered a family of "one" depending on whether or not the family is willing and able to help out in the individual's time of need. If the family is financially able but refuses to help, the counselor should document whether or not he/she concurs and has a valid reason for not contributing. A letter should be secured from the individual(s) who are refusing to contribute explaining why they chose not to contribute. This letter should be made a part of the case record. As the income of the family unit, as specified above, should be available to the individual, it is the counselor's responsibility to encourage family members to contribute excess income or resources toward the individual's rehabilitation program. The spouse or parent in particular should utilize excess income or resources to pay for the individual's rehabilitation program.

Individuals who have never established themselves as a separate unit and who still function as a member of the parent's family unit by maintaining a room and possessions in the parent's home and returning to the home when school is not in session would still be considered as members of the parent's unit for our purposes.

**INCOME DOCUMENTATION-** Check the form of income documentation obtained to verify income. This documentation must be copied and placed in the individual's case record. If 1040 tax returns are used to document income, the 1040 Worksheet must be completed to calculate the monthly net income.

**2. Pension (SSI,SSDI,VA, Retirement, Public Assistance, Other) -** Record total amount of pension received by the individual, spouse, and/or parents plus one-half of monthly payment received by all non-independent members of the family unit.

If the individual receives Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), the individual is exempt from financial participation and family resources are not considered for the Vocational Rehabilitation Program (VR). This does not apply to the Independent Living Rehabilitation (ILR) Program.

**3. Compensation-** The total amount received by an individual, spouse, and/or parents for unemployment benefits, worker's compensation etc. plus one-half of monthly compensation received by all non-dependent members of the family unit.

**4. Commodities-** are frequently produced and sold on a seasonal basis. Commodities resource should be recorded as the average income for a 12-month period.

**5. Other-** Include all other resources received by the family unit such as income from boarders, rental property income, and regular contributions from any source. Also include income from any insurance policy, salary continuation plan, alimony, child support, etc.

**Subtotal (A1) -** Record the sum of lines 1 through 3.

**Allowed Deductions -** Record the sum of allowed deductions from the **MONTHLY ALLOWED DEDUCTIONS - WORKSHEET** as **Subtotal (A2)**.



**Total Monthly Resources (A)** - Subtract the total **Allowed Deductions Subtotal (A2)** from the total of **Net Income of All Applicable Family Unit Members Subtotal (A1)**.

**(A2). MONTHLY ALLOWED DEDUCTIONS - WORKSHEET** - If the individual claims \$500 per month of allowable deductions, documentation of the deductions must be obtained, copied and placed in the individual's case record.

- 1. Medical Expenses** - Expenses not covered by comparable benefits, medical supplies, prescription and non-prescription items, and health insurance premiums for the individual or a family member.
- 2. Dental Expenses** - Expenses not covered by comparable benefits for the individual or a family member.
- 3. Personal Assistance / Elder Care/ Adult Day Care/ Respite Care Expenses** - Disability and or age related expenses not covered by comparable benefits paid for the individual or a family member.
- 4. Disability-Related Equipment Expenses** - Disability related devices and equipment including necessary maintenance of such devices and equipment.
- 5. Disability-Related Housing / Vehicle Expenses-** Disability related housing and vehicle modifications.
- 6. Post-Secondary Training Expenses** - Expenses for individual or family members not to exceed Agency policy for tuition, fees, books, and maintenance for applicable family unit members.
- 7. Legally Mandated Payments** - Payments such as alimony, child support, or Social Security paybacks.
- 8. Child Care Expenses** - Actual cost not to exceed \$175 per month per child may be deducted for any child 14 years old or younger if parents or other responsible adults are unavailable or unable to care for a child in the family unit.
- 9. Other Expenses** - Others may apply.

**B. ALLOWABLE NET MONTHLY INCOME**

- Enter the number of total family members.
- Enter the net monthly income allowed.
- Enter the total net monthly allowed income as **Total (B)**.

**C. EXCESS NET MONTHLY INCOME**

Subtract **(B) Allowable Net Monthly Income** from **(A) Total Monthly Resources**.

**D. AVAILABLE ASSETS**

**1. Cash, bank deposits, stocks/bonds** - Enter the total amount of all checking accounts, savings accounts, money market accounts, savings certificates of deposit, stocks, bonds, life insurance net cash value, mutual funds, and other liquid assets. Do not include Individual Retirement Accounts, Keogh Accounts, or self-employment accounts. Subtract 3 months of the **Allowable Net Monthly Income** for the appropriate family unit. (Example: For a family of 2 persons, the exemption would be 3 x \$1616 or \$4,848.)



**2. Real property** - Such property is an available asset to the extent it can be converted to cash or used as collateral, in a timely manner, to meet the cost of rehabilitation services. Property information can be verified by the local county tax office. Documentation of real property must be copied and placed in the individual's record. Real property, excluding the home site, will be recorded at the fair market value or purchase, whichever is less, minus the amount owed for mortgages. Any amount over \$25,000 will be recorded as an excess. Home site is defined as the family unit's principal place of residence including the house and lot plus all buildings on the lot if the residence is in the city. If the residence is in a rural area, home site is defined as the house and land on which the residence is located up to a maximum of 1 acre including all buildings on the acre.

Explain in the **Extenuating Circumstances - Justification (H)** section any situation in which the real property should not be considered.

Enter **1** through **2** less the exemptions in **Total (D)**.

### **E. Contributions -**

Record the total amount of other resources the individual will have available during his/her rehabilitation, such as scholarships, educational grants, lump sum insurance settlements, etc. It is intended that the resources listed here are monies which would not come to the individual on a monthly basis and which would not be reflected in the **MONTHLY RESOURCES (A)** or **AVAILABLE ASSETS (D)** sections.

### **F. EXCESS RESOURCES**

Complete **Section (F)** whenever the individual has excess resources and/or assets. An individual having excess resources and/or assets is not considered needs eligible and cannot be provided cost services until the counselor justifies how the excess will be utilized and expended in contributing to the individual's rehabilitation.

- Enter the total amount from **Section (C)**.
- Enter the appropriate number of months, 3 or more not to exceed 12, that the individual will be expected to contribute the excess amount to the cost of his/her rehabilitation.
- Enter the total excess resources **(F1)**.
- Enter the total assets from **Section (D)**.
- Enter grants or scholarships from **Section (E)**, if appropriate.
- Enter the total of **(F1)**, **(D)**, and **(E)** as Total **(F)**.

### **G. ESTIMATED COST OF REHABILITATION PROGRAM**

If the amount in **Section (F)** is greater than \$0.00, the counselor will estimate the cost of the entire rehabilitation program during the time period identified in **Section (F)**.

- Enter the cost of all services being planned and the estimated cost of each service.
- Enter the Total Cost of the rehabilitation program as **(G)**.
- Enter the total amount of **Section (F)**.
- If total of **Section (G)** is less than total of **Section (F)**, then the individual is not financially eligible. If the total of **Section (G)** is more than total of **Section (F)**, then the individual may be eligible for financial consideration by the Agency. The counselor must negotiate the actual amount of Agency participation, as all resources must be accounted for in the cost of the rehabilitation program.



**H. EXTENUATING CIRCUMSTANCES - JUSTIFICATION**

Enter any information related to the individual's financial situation which will affect the individual's ability to participate in the cost of the rehabilitation program.

**I. DETERMINATION OF FINANCIAL NEED**

- Check one of the eight statements.
- Enter the amount that the individual is expected to contribute and the service to which the contribution is to be applied.

The individual is to sign. The parent or guardian must sign for a minor child.

The Counselor is to sign and, if applicable, the supervisor. The supervisor's signature is required for the following determinations:

- Yes, This individual is eligible for extenuating circumstances.
- Yes, This individual applied excess income.
- SSI/SSDI recipient with comparable benefits (VR Program Only)

Complete the Resurvey at least annually, whenever an addendum is developed which plans for additional costs services, or when counselor believes there has been a significant change in the financial situation of the members of the family unit.

**DISTRIBUTION**

Original copy:                      Case Record