

## DMHRSP Income and Asset Reference Sheet

This document helps determine what information clients must report

### POSSIBLE INCOME SOURCES

- Wages (before taxes; including salaries, tips, overtime; excluding mileage or other reimbursement)
- Federal Social Security (including retirement, disability, survivor benefits, dual entitlement)
- Federal Social Security Income (SSI)
- Federal Social Security Disability Income (SSDI)
- State Social Security Supplemental Income (SSP)
- Child Support (received in support of a child in the household)
- Payment in Support of a Foster Child in the household
- Alimony
- Pension, Annuity, or Retirement
- TANF, TAFDC, EAEDC, or Recurring Cash Benefits from Public Assistance
- Aid to Families with Dependent Children
- Gifts of Money or Help with Expenses/Items
- Commissions, Tips, Bonuses and Other Income
- Disability or Death Benefits
- Veteran's Benefits
- Veteran's Disability Benefits
- Payments for a Member of the Armed Services
- Unemployment Benefits
- Disability Compensation
- Interests, Dividends, or Capital Gains (IRS Form 1099)
- Net income from business or profession (IRS Form 1040)
- Lottery or Gambling Winnings
- Real Estate or Rental Property Income
- Income from Inheritance
- Recurring payments from Insurance, Pension, or Life Insurance

### POSSIBLE ASSET SOURCES

- Checking Account
- Savings Account
- Stocks and/or bonds
- Cash value of life insurance policies
- Burial plots
- Inheritances, lottery winnings, insurance settlements
- Lump sum payments from legal claims
- Cash value of trusts
- IRA, Keough, or other retirement savings
- Real property total equity
- Personal property held as an investment, such as gems, jewelry, coins, vehicles (cars, boats, motorcycles, etc.) not for regular personal use, luxury clothing or accessories not for regular personal use
- Assets disposed of at less than fair market value within past 2 years

### POSSIBLE MEDICAL EXPENSES

- Any care or apparatus for a disabled family member so that an adult family member can work
- Necessary homemaking expenses for handicapped individuals (if paid for by participant)
- Medical insurance premiums (including Medicare; including any directly deducted from paycheck or income benefits; not deductions made to a flexible spending account (FSA))
- Doctor Visits
- Dentist visits
- Dentures, bridgework or crowns
- Eye doctor visits
- Eyeglasses or contact lenses
- Clinic visits
- Therapy (physical or emotional)
- Lab fees, x-rays, bloodwork
- Prescription medicine
- Non-prescription medicine
- Hearing aid and batteries
- In-home health care
- Medical transportation or Special travel expenses for Handicapped individual who cannot use public transportation (if paid for by participant)
- Medical apparatus (owned or rented)
- Assistance or Service Animal Expense
- Hospice Care

## DMHRSP INCOME AND ASSET VERIFICATION CHART

Income Source	Ideal	Possible Alternative in Certain Situations <sup>^</sup>	Unacceptable
<b>Social Security (not SSI or SSDI)</b>	Annual benefit letter Benefit letter < 90 days old	3 Deposit/bank statements Self-certification Prior benefit letter + COLA	
<b>SSI, SSDI</b>	Benefit letter < 90 days old Annual benefit letter (only if no other income or no income changes)	3 Deposit/bank statements Self-certification Prior benefit letter + COLA	
<b>SSP (State Supplemental Income)</b>	Benefit letter < 90 days old Annual benefit letter (only if no other income or no income changes)	3 Deposit/bank statements Self-certification	
<b>TANF, TAFDC, EAEDC</b>	Benefit letter < 90 days old	3 Deposit/bank statements Self-certification	Benefit letter > 90 days old
<b>Earned Income</b>	5 weekly paystubs 3 biweekly or bimonthly paystubs 2 monthly paystubs		Offer letter Salary letter Projected earnings Bank statement
<b>Unemployment</b>	5 check stubs with deductions DUA Printout	3 Deposit/bank statements Self-certification	
<b>Child Support</b>	DOR Printout Notarized letter from person paying support Personal checks	3 Deposit/bank statements Self-certification	Court order
<b>Alimony</b>	Notarized letter from person paying support Personal checks	3 Deposit/bank statements Self-certification	Court Order
<b>Other Disability Income</b>	Benefit letter Payment receipts		Bank statement
<b>Worker's Compensation</b>	Benefit letter Payment receipts		Bank statement
<b>Self Employment, Gig Work</b>	Tax return Business ledger		Bank statement
<b>Gifts</b>	Notarized letter from gift giver		
<b>Foster Care Payments</b>	Payment receipts Bank statements		
<b>Assets</b>	Self-Certification only if < \$50,000 in assets Two months of statements for retirement and investment accounts Bank statements for bank accounts		
<b><sup>^</sup>If you are unable to provide 'Ideal' verification, please ask the Administering Agency (AA) whether you can provide a 'Possible Alternative' verification based on your situation.</b>			