Dallas County
Health and Human Services
Grants Management

WORKSHEET FOR DETERMINING ADJUSTED ANNUAL GROSS INCOME

Only complete this form if the applicant reports any individual or spousal income on the CIF. Please complete the following table for the applicant and spouse (if applicable).

NAME	AGE	RELATIONSHIP
		APPLICANT
		SPOUSE
		DEPENDENT
		DEPENDENT

(Attach additional pages if need to identify dependents)

The below sections on income and employment must include all of the applicant/spousal income. Proof of income for the applicant is required. Employer and occupation information will be used for income verification only. Employers will not be contacted. Applicant and spousal income MUST be reassessed annually. Income from wages, salary, etc. for a partner or significant other is not to be counted as wages, salary, etc., for the applicant. Any financial assistance from the partner or significant other to the applicant should be included and counted under "Other".

SOURCES OF APPLICANT/SPOUSAL ANNUAL GROSS INCOME	AMOUNT
Wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation for personal services prior to payroll deductions	
Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits	
Veteran's Benefits	
Welfare Assistance	
Unemployment compensation, worker's compensation, severance pay	
Alimony and child support payments	
Other (please list)	
1. TOTAL ANNUAL GROSS INCOME	**$**
ADJUSTMENTS	AMOUNT
Number of dependents (except head of household or spouse) _____x $480	
$400 elderly household deduction (if head or spouse is 62+, handicapped, or disabled)	
Annual reasonable and non-reimbursed child care expenses (only for child care out of household)	
Annual non-reimbursed handicap assistance expenses of non-elderly family member	
Annual non-reimbursed handicap assistance expenses and medical expenses of elderly family member	
Annual non-reimbursed medical expenses of applicant only	
2. TOTAL ADJUSTMENTS	
3. TOTAL APPLICANT/SPOUSAL ADJUSTED ANNUAL GROSS INCOME (Line 1 minus line 2. Compare this figure to the HHS Poverty Guidelines.)	

If any source of income is reported, copies of pay stubs, W-2 forms, benefit entitlement letters, or other PROOF OF STATED INCOME MUST BE ATTACHED TO THE APPLICATION. If medical expenses are being deducted, please attach copies of receipts for any 30 day period within the past 12 months to justify the amount being deducted. Medical expenses include non-reimbursed costs for prescriptions, co-pays, premiums, and inpatient or outpatient medical visits.

This application is a legal document. The signature, when affixed, attests that all the information given is true and accurate. I understand that if I deliberately omit or give false information I can be removed from the funded program(s).

Applicant's Signature:_____ **Date: ____/____/____**

Agency Staff Signature:_____ **Date: ____/____/____**

Rev. 11/06

Dallas County
Health and Human Services
Grants Management

CLIENT ELIGIBILITY CHECKLIST

Client Name: _____ **Agency Client ID:** _____
(if applicable)

Staff Name: _____

Please indicate the method of documentation provided for each of the eligibility requirements with a (✓).
The staff person conducting the intake and/or annual eligibility update should initial and date this form upon receipt of each document.

✓	1. Proof of HIV/AIDS diagnosis	Date	Initials
	• A positive Western Blot laboratory result that includes the name of the client and testing facility		
	• A lab report of detectable HIV "viral load" that includes the name of the client and testing facility		
	• A signed statement from a physician, physician's assistant, an advanced practice nurse or registered nurse (RN) attesting to the HIV positive status of the person		
	• A hospital discharge summary that documents HIV positive status and includes name of the client		
✓	**2. Proof of residency within the Dallas EMA/HSDA and/or Sherman/Denison HSDA**	**Date**	**Initials**
	• A valid Texas drivers license or Texas state identification card; Voter Registration Card; or Paystubs dated within the last thirty (30) days listing address within the specified service area(s)		
	• Mortgage or lease agreement with a Texas address within the specified service area(s)		
	• Utility bill (including residential phone) with a Texas address within the specified service area(s)		
	• A letter of identification and verification of Texas residency, within the specified service area(s), from a verifiable homeless shelter or community center serving homeless individuals or from a Housing Authority correspondence letter from a government institution		
	• Mail postmarked to a Texas address, within the specified service area(s), in the last thirty (30) days; Business or bulk mail to a Texas address, within the specified service area(s), in the last thirty (30) days		
✓	**3. Proof of Income**	**Date**	**Initials**
	• Most recent award letter including but not limited to: SSI, RSDI, VA, and Pension		
	• Most recent W-2 Form or U.S. Tax return		
	• Most recent payroll check stubs to verify last thirty (30) days of income		
	• Most recent bank statement that shows deposit and source within last twelve (12) months		
	• "No Income Certification" form signed by client within thirty (30) days of intake		
	• Financial support including cash payment and assistance from family must be documented and verified with the benefactor		
	• Letter or verbal communication from an employer verifying frequency of payment of wages or salary		
	• Child support statements		
	• Alimony statements		
	• Signed statement from individual indicating that they receive cash payments for labor performed		