

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[^]	Unacceptable
Social Security (not SSI or SSDI)	Annual benefit letter Benefit letter < 90 days old	3 Deposit/bank statements Self-certification Prior benefit letter + COLA	
SSI, SSDI	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	
SSP (State Supplemental Income)	Benefit letter < 90 days old Annual benefit letter (only if no other income or no income changes)	3 Deposit/bank statements Self-certification	
TANF, TAFDC, EAEDC	Benefit letter < 90 days old	3 Deposit/bank statements Self-certification	Benefit letter > 90 days old
Earned Income	5 weekly paystubs 3 biweekly or bimonthly paystubs 2 monthly paystubs		Offer letter Salary letter Projected earnings Bank statement
Unemployment	5 check stubs with deductions DUA Printout	3 Deposit/bank statements Self-certification	
Child Support	DOR Printout Notarized letter from person paying support Personal checks	3 Deposit/bank statements Self-certification	Court order
Alimony	Notarized letter from person paying support Personal checks	3 Deposit/bank statements Self-certification	Court Order
Other Disability Income	Benefit letter Payment receipts		Bank statement
Worker's Compensation	Benefit letter Payment receipts		Bank statement
Self Employment, Gig Work	Tax return Business ledger		Bank statement
Gifts	Notarized letter from gift giver		
Foster Care Payments	Payment receipts Bank statements		
Assets	Self-Certification only if < \$50,000 in assets Two months of statements for retirement and investment accounts Bank statements for bank accounts		
[^]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.			