

**Instructions for Participants/Guardians  
Household Income Eligibility Statement (HIES) – Adult Day Services**

**If your household receives Medicaid, Supplemental Security Income (SSI), Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:**

- Part 1:** List the name(s), age and birthdate for any household member participating in Adult Day Services.
- Part 2:** Households receiving assistance: List the case number and name of household member receiving any of the following benefits: Medicaid (Title XIX), SSI, Food Assistance (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR). ONLY ONE CASE NUMBER IS REQUIRED.
- Part 3:** Skip this part.
- Part 4:** The form must be signed by either the adult participant or another adult family member or legal guardian. A full Social Security Number is not necessary.

**Please follow instructions (Note: HIES form is not required if household is over income limits):**

- Part 1:** Enter your name, spouse's name, if applicable; age(s) and birthdate(s).
- Part 2:** Households receiving assistance only - see above. If family is not receiving assistance, skip this part.
- Part 3:** If no case number is indicated in Part 2, list (by person) the amount and source of income that person receives and the frequency the income is received. You do not have to list the spouse if the spouse is not living with the participant. You do not have to include children if they are not dependent. List earnings **before** deductions, welfare benefits, child support or alimony or any other income including retirement, Social Security, Veteran's (VA) benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income; and

Place a **X** in the box for those listed who do not have income.

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income.

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported

If you are a farmer or self-employed, income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.

**Help Determining Annualized Income**

If your household receives income at different frequencies (i.e. one person may receive monthly retirement income and another may receive weekly pay checks) then all income must be annualized. Use the following chart to annualize income:

- If paid every week, multiply the total gross income by 52
- If paid every two weeks, multiply the total gross income by 26
- If paid once a month, multiply the total gross income by 12
- If paid twice a month, multiply the total gross income by 24
- If paid once a year, enter the yearly income amount

**Part 4:** The form must be signed by either the adult participant or another adult family member or legal guardian. Please list the last four digits of your Social Security Number (or check the box indicating "I do not have a Social Security Number").

Return the completed Household Income Eligibility Statement to the adult day services center.

### **Non-Discrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.