

**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), 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), 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

USDA Nondiscrimination Statement In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>