

Applicant Name: _____ Form# _____

2013 Household Members Form

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.

If it is not attached to your application when we receive it, your application will be suspended and your refund check will not go out by the December 20th deadline.

If you are the only one living in your household in the year of 2013, please check mark this box and send form to us.

***If you live in a GROUP HOME or NURSING HOME, in the year of 2013, please complete the information at the bottom of this form. Thank You!*

PLEASE LIST ALL HOUSEHOLD MEMBERS THAT LIVED IN YOUR HOUSEHOLD IN THE YEAR OF 2013, WHETHER THEY ARE RELATED TO YOU OR NOT. WE NEED FIRST AND LAST NAMES, SSN'S, DATE OF BIRTH, INCOME AND WHAT TYPE OF INCOME. PLEASE SEND THIS PAGE ALONG WITH DOCUMENTATION OF ALL INCOME IN WITH YOUR APPLICATION.

Relationship	Name	Social Security #	Birthdate	Type of Income	Total Income
Significant Other	<input type="checkbox"/>				
First Child	<input type="checkbox"/>				
Second Child	<input type="checkbox"/>				
Grandchild	<input type="checkbox"/>				
Mother	<input type="checkbox"/>				
Father	<input type="checkbox"/>				
Brother or Sister	<input type="checkbox"/>				
Aunt or Uncle	<input type="checkbox"/>				
Other(Roommate)	<input type="checkbox"/>				
Other (Renter)	<input type="checkbox"/>				

***Please cross off any line and add household member if you need the space to add more names to the relationship column. If you had a household member that moved in or out in 2013, please list below.*

Name of Household Member	Date Moved In 2013	Date Moved Out 2013

Due to changes in W.S. 39-11-109 and with our computer program upgrade, we are now able to better identify applicants who are applying where there are other people living in the household. We will add total household income for all adult members (an adult member is anyone 18 years of age and older) and divide income by the number of adults with income living in the household. If you have children under 18 who receive public support income such as SSI, STSSI, SSDI, SSA, their income will be added to applicant's income. Example: **(If the applicant's total income is \$10,000.00 and the other adult household members total income is \$20,000.00, we will then add total income together which equals \$30,000.00 and divide it by two which equals \$15,000.00. This would be the applicant's income we would use on the application. If there are three adults in the household with income, we would divide income by 3, for four adults 4, etc., for all ADULT HOUSEHOLD MEMBERS WHO RECEIVE INCOME regardless of relationship.)**

The following Statute and Department Rules and Regulations apply to this matter:

Pursuant to W.S. 39-11-109, (c) (i) which reads:

(C) "Income" includes, but is not limited to, wages, receipts from earnings including earnings from self-employment, rents, interest, dividends, annuities, trusts, pensions, alimony, support payments, public assistance payments, unemployment compensation, federal social security payments, veteran's benefits and disability payments, Native American Per Capita payments, or net income from any other qualified income as determined by the Department;

Rules for Tax Refund to the Elderly and Disabled Program, Chapter 1, Section 4. Definitions, (b) state:

*(b) "Actual income" includes, but is not limited to, pre-tax wages, earnings from self-employment, interest, dividends, annuities, trusts, pensions, alimony, support payments (Child Support or AFDC/POWER/TANF), **benefits received by any member of the household**, including children (SSI, SSDI, SSA, State SSI), public assistance payments, Unemployment Compensation, Federal Social Security payments, Veteran's benefits and disability payments, Native American Per Capita payments, rental income or net income from other qualified income, as determined by the Department.*

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****If this is a GROUP HOME or NURSING HOME you do not need to list other client's information above. Please complete the following info that applies to you.**

Group Home Name: _____ Address: _____

Nursing Home Name: _____ Address: _____

Telephone Number: _____