Moderate Needs - Financial Worksheet (Information is self-reported by the individual or legal rep.)

Name: _____ Date: _____

A. Monthly Gross Income (from ILA)	**Individual**	**Spouse**
Social Security		
SSI		
Retirement/Pension		
Interest		
VA Benefits		
Wages/Salaries/Earnings		
Other (i.e. rental income)		
Subtotal:	**$ -**	**$ -**
A. Total Monthly Gross Income:	**$ -**	

B. *Asset Adjustment: (Include only "liquid" assets that are easily convertible into cash.)

	Individual	**Spouse**
Cash:		
Savings:		
Checking:		
CD's:		
Money Market:		
Stocks/Bonds:		
trusts:		
Other:		
Subtotal:	**$ -**	**$ -**
Total Combined Assets:	**$ -**	
subtract $10,000 asset disregard:	***$ -***	
divide by 12:	***/12***	
B. Asset Adjustment:	**$ -**	

C. Monthly Medical Expenses (Divide one-time bills by 12.)

	Individual	**Spouse**
Prescriptions:		
Over-the-counter medications:		
Physician Bills:		
Hospital Bills:		
Health Ins Premiums (Medicare/BCBS, etc):		
Therapy (OT/PT/ST):		
Medical Equipment and Supplies:		
Other (explain):		
Subtotal:	**$ -**	**$ -**
C. Total Monthly Medical Expenses:	**$ -**	

D. Adjusted Monthly Income

A. Total Monthly Gross Income (above):	$ -
plus (+)	
B. Asset Adjustment (above):	$ -
minus (-)	
C. Monthly Medical Expenses (above):	$ -
D.*Adjusted Monthly Income	**$ -**

****Financially eligible if "Adusted Monthly Income" is at or below 300% VT SSI rate (2009).***

Individual = **$ 2,022.00** Couple = **$ 4,044.00**

Name of person completing form: _____

Send to DAIL Waterbury