

Financials/Benefits and Entitlements

Client ID: _____

Client Name: _____

Date: _____

Worker Name: _____

Veteran Status:Are you a Veteran? ☐ No ☐ YesAre you a disabled Veteran? ☐ No ☐ YesAre you the spouse of a Veteran? ☐ No ☐ Yes

Comments:

Living Expenses:

Expense Type:	Monthly Expenses (\$):
Mortgage:	
Maintenance/Common Charges:	
Rent:	
Electric/Gas/Oil:	
Phone:	
Water:	
Co-pay:	
Deductibles:	
Prescriptions;	
Out-of-Pocket Home Care Expenses:	
Other Medical:	
Health Insurance Premium:	
Prescription Insurance Premium:	
Other Medical Insurance:	
Income	
Property	
Other Taxes	
Other (describe in Comment box)	

Comments:

Income & Resources

Income/Resource Type:	Monthly Income (\$):
Social Security (net):	
SSI:	
Personal Retirement Income:	
Interest:	
Dividends:	
Salary/Wages:	
Other Income:	

Comments:**Assets/Resources:**

Assets/Resources Type:	Total Value (\$):
Checking:	
Savings:	
Life Insurance (cash value):	
Life Insurance (face value):	
Stocks, Bonds, Mutual Funds:	
Real Property:	
IRA:	
Pension:	
Other:	

Comments:

Benefits and Entitlements Status

Client refuses to apply for any benefits and entitlements at this time: ☐ No ☐ Yes

Benefit/Entitlement Type:	Application Status:			
EPIC:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Medicare:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Food Stamps:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Public Assistance:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
SLIMB:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
IT 214:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Aged STAR Exemption:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Real Property Tax Exemption:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Railroad Retirement:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
SSD:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
VA Benefits:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible

Benefit/Entitlement Type:	Application Status:			
Section 8 Housing:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Lifeline/PERS:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Health Insurance:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
LTC Insurance	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Medigap Insurance/HMO:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Medicaid:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
QMB:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
HEAP:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Telephone Discount:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Veteran Tax Exemption:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Social Security:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
SSI:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Reverse Mortgage:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible

Benefit/Entitlement Type:	Application Status:			
Cable Discount:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
SCRIE:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Private Health Insurance:	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible
Access-A-Ride	<input type="checkbox"/> Application Pending <input type="checkbox"/> Has Benefit <input type="checkbox"/> Refuses to Apply	<input type="checkbox"/> Denied <input type="checkbox"/> May be Eligible	<input type="checkbox"/> Does Not Have <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Does Not Need <input type="checkbox"/> Not Eligible

Comments:

Client received assistance from this agency with a benefits and entitlements application:

☐ No ☐ Yes

Client now receives a benefit and/or entitlement as a result of the assistance received from this agency:

☐ No ☐ Yes