# FINANCIAL DATA FORM

NORTH DAKOTA DEPARTMENT OF HEALTH
CHILDREN'S SPECIAL HEALTH SERVICES (CSHS)
SFN 757 (4-2016)

| Date: |
|---|
| Child's Name: |

Clear Fields

**INCOME LEVELS WHICH GUIDE THE PROGRAM**

The following information provides you a guide for the program effective 05-01-2016.

**2016 Federal Poverty Income Levels (185% of poverty)**

| | | |
|---|---|---|
| 1 Person . . . . $21,978 | 5 Persons . . . . $52,614 | 8 Persons . . . $75,647 |
| 2 Persons . . . $29,637 | 6 Persons . . . . $60,273 | 9 Persons . . . $83,343 |
| 3 Persons . . . $37,296 | 7 Persons . . . . $67,951 | 10 Persons . . . $91,039 |
| 4 Persons . . . $44,955 | | **For each additional person $7,696** |

**ANNUAL FINANCIAL REVIEW IS REQUIRED IF PAYMENT BY CHILDREN'S SPECIAL HEALTH SERVICES IS TO CONTINUE**

**EXPLANATION OF INCOME: Please complete applicable boxes.**
**(For applicable family members listed on the Face & Status Sheet).**

| | |
|---|---|
| Parent A Annual Income: | |
| Parent B Annual Income: | |
| Child's Annual Income when applying on their own behalf (age 18 to 21 years only): | |
| Annual Child Support Received: | |
| Annual Social Security (count SSA and SSDI - do not count SSI): | |
| Other (e.g. Worker's Compensation, Unemployment, Veteran's Benefits): | |
| Total Annual Income **(Check type)**: ☐ Total/Gross ☐ Adjusted Gross (Adjusted Gross is used only for self-employment.) | $0.00 |
| Less Annual Health Insurance Premium Paid Out-of-Pocket (Verification Required): (Optional - can be used to reduce cost share) | |
| Adjusted Total: | $0.00 |
| Less Federal Poverty Level (as listed above): | |
| Annual Net Cost/Share: | $0.00 |
| One Month Cost/Share: | $0.00 |

**Income Verification Used:**

☐ Federal Income Tax/Year _____

☐ Paystubs: ☐ Weekly ☐ BiWeekly ☐ Monthly