

HPRP Income & Non-Cash Benefits Worksheet

Client _____ Client ID# _____

Income Received from any source in the past 30 days? Yes No

(If income has changed within the past 30 days and client is no longer receiving the income, do not report it; if receiving a reduced amount enter the new reduced amount).

Income Source	Program Entry	Re-assessment	Re-assessment	Program Exit
Date of Assessment	_____	_____	_____	_____
No Financial Resources	\$	\$	\$	\$
AABD (Aid for Aged, Blind, Disabled)	\$	\$	\$	\$
Alimony or Other Spousal Support	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Contributions from Other People	\$	\$	\$	\$
Dividends (Investments)	\$	\$	\$	\$
Earned Income	\$	\$	\$	\$
General Assistance	\$	\$	\$	\$
Interest (Banks)	\$	\$	\$	\$
Pension from a former job	\$	\$	\$	\$
Private Disability Insurance	\$	\$	\$	\$
Railroad Retirement	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Retirement Income from Social Security	\$	\$	\$	\$
Social Security Disability Income (SSDI)	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$
Scholarship	\$	\$	\$	\$
Self Employment Wages	\$	\$	\$	\$
State Disability	\$	\$	\$	\$
Temporary Assistance for Needy Families (TANF)	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$
Veteran's Disability Payment	\$	\$	\$	\$
Veteran's Pension	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Other <i>(Specify)</i>	\$	\$	\$	\$
Total Monthly Income from All sources	\$	\$	\$	\$

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Client _____ Client ID# _____

Non-Cash Benefits Received from any source in the past 30 days? Yes No

(If a non-cash benefit was received in the past 30 days but the client is no longer receiving it, do not report it).

Non-Cash Benefit (Check all that apply) Date of Assessment	Program Entry _____	Re-assessment _____	Re-assessment _____	Program Exit _____
ICHIIP – Idaho Child Health Insurance Program				
MEDICAID health Insurance Program				
MEDICARE health Insurance Program				
Supplemental Nutrition Assistance Program (Food Stamps)				
Section 8, public housing or other rental assistance				
TANF Child Care Services (ICCP)				
TANF Transportation Services				
Other TANF-funded services				
Veterans Administration (VA) Medical Services				
WIC-Special Supplemental Nutrition Program for Women, Infants, and Children				
Other (<i>Specify</i>)				

In addition to the HPRP program, refer client to other ARRA/Local Resources or Programs and complete the HPRP Assessment Worksheet.