



FINANCIAL DATA DOCUMENT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SPECIAL HEALTH SERVICES UNIT
 SFN 757 (5-2025)

Date
Child's Name

INCOME LEVELS WHICH GUIDE THE PROGRAM

The following information provides you a guide for the program effective 05-01-2025.
2025 Federal Poverty Income Levels (185% of poverty)

1 Person . . . \$28,953	5 Persons . . . \$69,653	8 Persons . . . \$100,178
2 Persons . . . \$39, 128	6 Persons . . . \$79,828	9 Persons . . . \$110,353
3 Persons . . . \$49,303	7 Persons . . . \$90,003	10 Persons . . . \$120,528
4 Persons . . . \$59,478	For each additional person \$5,500	

**ANNUAL FINANCIAL REVIEW IS REQUIRED IF PAYMENT
 BY SPECIAL HEALTH SERVICES UNIT 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 or ABLE):	
Other (e.g. Worker's Compensation, Unemployment, Veteran's Benefits):	
Total Income (check type): <input type="checkbox"/> Total/Gross <input type="checkbox"/> Adjusted Gross (used only for self-employment)	
Less Annual Health Insurance Premium Paid Out-of-Pocket (Verification Required): Optional - can be used to reduce cost share)	
Adjusted Total	
Less Federal Poverty Level (as listed above):	
Annual Net Cost/Share:	
One Month Cost/Share:	

Income Verification Used:

<input type="checkbox"/> Federal Income Tax/Year _____
<input type="checkbox"/> Paystubs: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly