



FINANCIAL DATA DOCUMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SPECIAL HEALTH SERVICES UNIT
SFN 757 (8-2023)

Date

Child's Name

INCOME LEVELS WHICH GUIDE THE PROGRAM

The following information provides you a guide for the program effective 05-01-2023.

2023 Federal Poverty Income Levels (185% of poverty)

1 Person . . . \$26,973	5 Persons . . . \$65,009	8 Persons . . . \$93,536
2 Persons . . . \$36,482	6 Persons . . . \$74,518	9 Persons . . . \$103,045
3 Persons . . . \$45,991	7 Persons . . . \$84,027	10 Persons . . . \$112,554
4 Persons . . . \$55,500	For each additional person \$9,509	

**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:

☐ Federal Income Tax/Year _____
☐ Paystubs: ☐ Weekly ☐ BiWeekly ☐ Monthly