



FINANCIAL DATA DOCUMENT
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SPECIAL HEALTH SERVICES (SHS)
 SFN 757 (4-2020)

Date
Child's Name

INCOME LEVELS WHICH GUIDE THE PROGRAM

The following information provides you a guide for the program effective 05-01-2020.
2020 Federal Poverty Income Levels (185% of poverty)

1 Person . . . \$23,606	5 Persons . . . \$56,758	8 Persons . . . \$81,622
2 Persons . . . \$31,894	6 Persons . . . \$65,046	9 Persons . . . \$89,910
3 Persons . . . \$40,182	7 Persons . . . \$73,334	10 Persons . . . \$98,198
4 Persons . . . \$48,470		For each additional person \$8,288

**ANNUAL FINANCIAL REVIEW IS REQUIRED IF PAYMENT
 BY 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 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