

Sauk County Community Care Program Financial Eligibility Determination

Please answer the following questions: (circle your answers)

Are you a resident of Sauk County?	Yes	No
Do you have medical insurance? Medicare, Medicaid, Forward Health, BadgerCare, Veterans Assistance?	Yes	No
Do you have dental insurance?	Yes	No

How many people are you legally responsible for? You, your spouse, children under 18 _____

1	Gross Earned Income: Please enter the amount of money earned before anything is taken out of your paycheck. Please include spouse's income. [Note: if self-employed use income minus the average monthly costs of doing business.] How many hours per week do you work? _____ <div style="text-align: right; margin-right: 100px;">Your spouse? _____</div> How much per hour do you make? _____ <div style="text-align: right; margin-right: 100px;">Your spouse? _____</div> <p style="text-align: center;">OR</p> How much per month do you make? _____ <div style="text-align: right; margin-right: 100px;">Your spouse? _____</div>	1	Documentation Provided? Y or N
2	Other Income: Please enter any other income such as VA pension, Social Security Disability, Child Support received, Unemployment Compensation.	2	\$ _____ /mo +
3	Total – add lines 1 and 2		

Office Personnel: Subtract work related expense deductions (\$90/per month per working adult).

I certify that the above information is correct.

Applicant's name (please print)	Applicant's Signature	Date
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Applicant's address – Please include town/city and zip code

Applicant's Date of Birth _____ Applicant's Phone Number _____

200 % FEDERAL POVERTY LEVELS – EFFECTIVE 02/01/2016				
<u>Family Size</u>				
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
\$1,980.00	\$2,670.00	\$3,360.00	\$4,050.00	\$4,740.00
<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
\$5,430.00	\$6,121.67	\$6,815.00	\$7,508.33	\$8,201.67