



Tennessee Department of Children's Services

RELATIVE CAREGIVER PROGRAM DETERMINATION OF FINANCIAL ELIGIBILITY**Household Income Declaration**

Caregiver's Name _____ Effective Date _____

TYPE OF INCOME	TREATMENT OF INCOME FOR RELATIVE CAREGIVER PROGRAM	MEMBER OF HOUSEHOLD	MONTHLY AMOUNT
Gross earned income - Wages, Salaries, Commissions	COUNT for adults		
Cash On Hand	COUNT for adults		
Checking / Savings Accounts	COUNT for adults		
Self-Employment Enterprises	COUNT for adults as earned income minus the cost of doing business. Examples include roomers, boarders, beauticians, direct sales company sales, etc.		
Non-Recurring Lump Sum Payments	COUNT for adults: Windfall, Cash Prize, Awards, Income Tax Refunds		
Interest Payments, Dividends, Annuities, Royalties and Interest	COUNT for adults		
Income produced from a Trust Fund	COUNT for adults		
Pension	COUNT for adults		
Military Allotments	COUNT for adults		
Unemployment Compensation	COUNT for adults		
Rental Income	COUNT for adults		
Severance Pay	COUNT for adults unless paid as one lump sum		
Social Security Benefits / SSI	COUNT for adults		
Veteran's Benefits	COUNT for adults		
Other Source of Monthly Income	COUNT for adults		
TOTAL <u>ANNUAL</u> HOUSEHOLD INCOME			

Size of Family Unit	ADULTS:	CHILDREN:
DETERMINED BY (choose all that apply)	DOCUMENT REVIEW <input type="checkbox"/> DEPT OF LABOR CHECK <input type="checkbox"/>	EQUIFAX CHECK <input type="checkbox"/> OTHER (EXPLAIN) <input type="checkbox"/>
CAREGIVER IS FINANCIALLY ELIGIBLE FOR SERVICES Yes <input type="checkbox"/> No <input type="checkbox"/>		