LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

***Verification documents MUST be attached for all income.**

State Personal Assistance Services (SPAS)
Income Determination

Name:	
Social Security Number:	
Earned Income* (Enter the amounts earned for the applicable line item below)	
Wages, salaries, tips	$
Self-employment, business and farm income after deduction of business expenses	$
Unearned Income* (Enter the amounts received for the applicable line item below)	
Interest (taxable and non-taxable)	$
Social Security (SSA) Income	$
Dividends	$
Taxable state income tax refunds and credits	$
Portion of scholarships, awards or fellowship grants used for living expenses	$
Alimony received	$
Capital or other gains	$
IRA distributions (taxable amount only)	$
Pensions and Annuities	$
Rental real estate income and royalties	$
Unemployment compensation	$
Other income if taxable (such as prizes, jury duty, etc.)	$
Total Income	
Total Earned Income	$
+ Total Unearned Income	$
= Total Income	$

Federal Poverty Guidelines for Basic Living Requirements (BLR) - 650% over FPG
(circle the appropriate family size)

Family Size	1	2	3	4	5	6	7	8
BLR	$101,725	$137,475	$173,225	$208,975	$244,725	$280,475	$316,225	$351,975

For family units that are more than 8 members, add $5,500 for each additional member

Does the income exceed the Basic Living Requirement?	☐ Yes ☐ No

I certify that the information on this form is correct and complete to the best of my knowledge.

_____ _____
Participant's Signature Date Signed

_____ _____
Verified By Signature Date Signed