

OPPORTUNITIES FOR OHIOANS WITH DISABILITIES  
 Personal Care Assistance Program  
**FINANCIAL STATEMENT**

Applicant name \_\_\_\_\_ Marital Status \_\_\_\_\_

**SUPPORTING DOCUMENTATION MUST BE ATTACHED**

<u>Type of Annual Income</u>	<u>Applicant</u>	<u>Spouse</u>
Gross Wages From Employment .....	1. _____	12. _____
Unemployment Benefits	2. _____	13. _____
Workers' Compensation .....	3. _____	14. _____
Pension/Social Security Retirement	4. _____	15. _____
Social Security Disability Insurance (SSDI) .....	5. _____	16. _____
Disability Benefits (Public or Private Plan)	6. _____	17. _____
Supplemental Security Income (SSI).....	7. _____	18. _____
Public Assistance/General Relief	8. _____	19. _____
Annuity/Trust/Settlement .....	9. _____	20. _____
All Other Unearned Income	10. _____	21. _____
<b>TOTAL (Lines 1 - 10; Lines 12 - 21)</b>	<b>11. _____</b>	<b>22. _____</b>
<b>TOTAL INCOME:</b> (Add lines 11 and 22)		<b>23. _____</b>

**Annual Impairment-Related Expenses of Applicant**

*(All must be documented; All must be for applicant only)*

Additional personal assistance services paid for above amount reimbursed through the PCA Program.....	24. _____
Additional employer taxes paid for above amount reimbursed through the PCA Program .....	25. _____
Medical costs not reimbursed by any source (includes medical devices)	26. _____
Specialized transportation, modified van payments, etc.....	27. _____
Work-related equipment	28. _____
Residential modifications.....	29. _____
Other _____	30. _____
<b>TOTAL EXPENSES:</b> (Add lines 24 through 30)	<b>31. _____</b>

Total Annual Income (Line 23)	32. _____
Less Spouse Deduction (Line 22, but not more than \$10,000)	33. _____
Subtotal (Subtract Line 33 from Line 32)	34. _____
Less Total Expenses (Line 31)	35. _____
<b>ADJUSTED GROSS INCOME</b> (Subtract Line 35 from Line 34)	<b>36. _____</b>

Do you have a settlement pending?  Yes  No

My signature below certifies the information on this form is true. If my financial situation changes, I agree to notify the PCA Program **WITHIN 30 DAYS OF THE CHANGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***DIRECTIONS***

- STEP 1:** List all income of applicant in appropriate category. (Lines 1-10)
- STEP 2:** List all income of spouse in appropriate category. (Lines 12-21)
- STEP 3:** List all non-reimbursable impairment-related expenses of applicant. (Lines 24-30)
- STEP 4:** From the total of applicant and spouse income (Line 32), deduct spouse deduction (Line 33), and deduct impairment-related expenses (Line 35) (as defined).

**THE FINAL TOTAL IS THE ADJUSTED INCOME TO WHICH THE SLIDING SCALE WILL BE APPLIED.** (Line 36)

### ***DEFINITIONS***

**INCOME:** All income that you receive **MUST** be counted. All income information **MUST BE VERIFIED** by recent salary stubs, saving, statements, receipts, etc. or by a prior year's tax return if it still accurately reflects the current year's financial circumstances.

**IMPAIRMENT-RELATED EXPENSES:** All expenses that you incur because of the impairment, and that are not reimbursable from another source such as Medicare, Medicaid, or private insurance. All impairment-related expenses **MUST BE VERIFIED** by receipts, contracts, signed statements, payment stubs, etc.

Only the actual amount paid for an item during the year surveyed on the front of this form is to be counted, even though a long-term debt may have been incurred. For example, if you have a four-year loan for a specialized vehicle, item #27 on this form, should be one-fourth of the total cost of the loan.

### ***SLIDING SCALE***

After you calculate your Adjusted Income (Line 36 on the front), use the table below to determine how much assistance you are eligible to receive from the Personal Care Assistance Program.

#### ***AMOUNT OF ADJUSTED INCOME IS:***

300% of federal poverty level for an individual  
301% to 350% of federal poverty level for an individual  
351% to 400% of federal poverty level for an individual  
401% to 450% of federal poverty level for an individual  
451% to 500% of federal poverty level for an individual  
501% to 550% of federal poverty level for an individual  
551% to 600% of federal poverty level for an individual  
601%+ of federal poverty level for an individual

#### ***ELIGIBLE FOR:***

100% of PCA hourly reimbursement rate  
85% of PCA hourly reimbursement rate  
70% of PCA hourly reimbursement rate  
55% of PCA hourly reimbursement rate  
40% of PCA hourly reimbursement rate  
25% of PCA hourly reimbursement rate  
10% of PCA hourly reimbursement rate  
Not eligible for the PCA Program

**PLEASE FEEL FREE TO ATTACH ADDITIONAL PAGES TO PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL IS PERTINENT TO MORE FULLY EXPLAIN YOUR FINANCIAL STATUS.**

OOD does not discriminate on the basis of age, color, creed, national origin, race, sex, or type of disability.