

**GEORGIA DEPARTMENT OF HUMAN SERVICES
REMOVAL HOME INCOME AND ASSET CHECKLIST**

This form is to be completed by JPPS or Case Expeditor for screened or expedited DJJ youth detained and awaiting out-of-home placement or placed in Out-of-home placement.

Youth's Name: _____ **DOB:** _____ **Medicaid #:** _____

Mother's Name: _____ **Father's Name:** _____

This information is for: Application Month : _____ Prior Month Medicaid Month: _____

INSTRUCTIONS: List the amounts of income and resources of the removal family by family member. Include any details known, such as employer, in the space provided. If there is no income or resources of a particular type, write n/a in the space provided. Attach additional sheets if more space is needed. **IF NO INCOME OR RESOURCES ARE REPORTED, HOUSEHOLD MANAGEMENT MUST BE ADDRESSED IN THE SECTION PROVIDED BELOW.**

Income Source	Gross Amt/Mo	Recipients	Description
Employment			Full or part-time work where a paycheck is received. Operation of a family day care in the family's home is considered self-employment. Employer name, address, and phone number: _____
Miscellaneous			Events of work where the work and pay do not occur on a regular basis. Example: Part-time work a few hours a week (amount of time varies)
Interest and Dividends			Interest paid on a savings or checking account, paid monthly. Dividends are payments made by a company to owners of the company's stock.
Child Support or Alimony			Any payments made by the parent(s) who is obligated to financially support a child or spouse. Court ordered child support? <input type="radio"/> Yes <input type="radio"/> No Attach copy of the order. If child support was ordered in another court of competent jurisdiction, specify the type of order and attach a copy. <input type="radio"/> DCSS order <input type="radio"/> Divorce order Issued in _____ County, State of _____
Adoption Assistance			Subsidies paid to parents adopting a child (ren) with special needs. Paid to whom? _____ Amount? _____
Unemployment Benefit			Payment made weekly by the State to an unemployed worker who has been laid off or fired by their previous employer.
Worker's Compensation			Payment made by insurance companies on behalf of a company to a worker who has been injured/killed on the job and cannot work for a period of time.
Social Security Benefits			Federal funds paid monthly to persons age 62 or over or disabled, their dependents or paid on behalf of a deceased family member.
Supplemental Security Income			SSI is a monthly payment to persons who are aged, blind, or disabled. SSI youth are categorically eligible for Title IV-E.
Veteran's Benefits			Monthly payments made to a person who served in the U.S. military. If veteran is disabled or deceased, a family member may receive the payment.
Military Allotments			A portion of a serviceman's/woman's pay set-aside for a family member, paid periodically.
TANF Benefits			Monthly benefits paid out by States to needy families (welfare)
Contributions			Any money received from friends and family.
Resources	Dollar Value	Owner	
Cash			Cash on hand.
Checking or Savings			Amounts held in checking and/or savings accounts. Include trust funds for children.
Money Loaned			Money owed to the household members from others.
Certificates of Deposit (CD'S)			Money deposited in a long-term savings plan with a specific maturity date for when the funds may be withdrawn.
Stocks and Bonds			Ownership of stock of a company, or bonds, company or public debt instruments that increase to a specified value
Other (define)			
Real Estate			List real estate holdings other than home residence. Address: _____
Vehicles			List any motor vehicle (ex: car, truck, motorcycle, boat or recreational vehicle) Make: _____ Model: _____ Year: _____ Make: _____ Model: _____ Year: _____

MANDATORY INFORMATION: HOW IS THE HOUSEHOLD MANAGING WITHOUT INCOME AND/OR RESOURCES? _____

Does anyone working pay for childcare or for the care of a disabled adult living in the home? Yes No
If yes, to whom is money paid? _____ Amount paid per mo: \$ _____

JPPS SIGNATURE: _____ **Date:** _____

ES SIGNATURE: _____ **Date Received:** _____