**Earned Income**

**Joe Tree**

Is this self-employment income?  
- Yes  
- No

What is gross monthly income before any expenses?  
$0.00

When did self-employment start?  

How many hours a month are completed in self-employment?  

What type of self-employment is this?  

Please choose:
- Accounting
- Cosmetic sales
- Bag business
- Bakery
- Business Dentist or Operator
- Babysitting or Child Care
- Carpenter or Construction
- Cooks
- Dentist
- Engineers
- Engraver or etcher
- Estimator
- Factory worker
- Fields worker
- Farmer
- Fishing
- Fixing
- Filling
- Filling
- Flower
- Florist
- Formerly
- Furniture
- Gardening
- Grill
- Housekeeping
- Housekeeping
- Housekeeping
- Insurance Agent
- Janitor
- Lawyer
- Lumber
- Lodge
- Manufacture
- Medic
- Musician
- Other

Use for the next 30 days?  
- Yes
- No

Delete

Submit  
Exit
### Unearned Income

**Spring Arbor**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Assistance</td>
<td>50.00</td>
</tr>
<tr>
<td>Parental Assistance</td>
<td></td>
</tr>
<tr>
<td>Divorce, Separation</td>
<td></td>
</tr>
<tr>
<td>Disability Benefits</td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation Benefits</td>
<td></td>
</tr>
<tr>
<td>Veteran's Compensation</td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Income

- Social Security Disability Insurance (SSDI)
- Unemployment Compensation Benefits
- Veteran's Benefits
- Other Income

---

**Human Services Department**

[Webpage URL]
<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Security Income (SSA)</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**How Often Received**

- Annual
- Bi-Weekly
- Bi-Monthly
- Monthly
- Quarterly
- Semi-Annual
- Yearly

**Additional Information**

- 200 days
- 201 days
- 202 days

- Delete

**Other Resources**

- EEO Info
- Privacy Policy
- Accessibility Help
- Other Resources
### Health Coverage From A Job

#### Please Answer These Questions About Joe Tree's Job(s):

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Employer identification number (EIN)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer phone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Mexico</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Zip Code</th>
</tr>
</thead>
</table>

#### Who Can We Contact About Health Coverage For This Job?

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

#### Are You In A Waiting Or Probationary Period?

When can you enroll?
Other Health Insurance

Policy Information

Policy Holder Name: [Field]
Type of Policy: [Dropdown]
Member ID: [Field]
Policy start date: [Field]
Company Name: [Field]

Address: [Field]

City: [Field]
State: [Dropdown]
Zip Code: [Field]

Phone: [Field]
Ext: [Field]

Who is covered by this policy?
- [ ] Ann Arbor
- [ ] Joe Time
- [ ] Spring Arbor

Delete
Add Another
Household Members In A Facility

Please tell us who lives in a facility

- **Ann Arbor**
  - Does Ann Arbor live in a facility?
    - Yes
    - No
  - Type of Facility
    - Please choose:
      - Hospital or Long Term Care Facility
      - Nursing Facility/Care Home
      - Licensed Adult Residential Care Facility
      - Community Residential Facility for Developmentally Disabled
      - Intermediate Care Facility for Mentally Retarded
      - Free-standing Psychiatric Hospital

- **Joe Tree**
  - Does Joe Tree live in a facility?
    - Yes
    - No

- **Spring Arbor**
  - Does Spring Arbor live in a facility?
    - Yes
    - No
### Disabled Applicants

- **Ann Arbor**
  - Is Ann Arbor disabled?  
    - **Yes**  
    - **No**

- **Joe Tree**
  - Is Joe Tree disabled?  
    - **Yes**  
    - **No**

- **Spring Arbor**
  - Is Spring Arbor disabled?  
    - **Yes**  
    - **No**

---

**Related Links**

- Start
- About You
- People That Live With You
- Benefits in Other States
- Pregnancy
- Non-custodial Parents
- Federal Tax
- Earned Income
- Unearned Income
- Yearly Income
- Other Health Insurance
- Managed Care Organization Selection
- Supplemental Security Income
- Additional Health Care
Assets

Does anyone requesting benefits have any resources or assets?

☐ Yes  ☐ No

Submit  Exit
Checking And Savings Accounts

Account Information

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Account Number (optional)</th>
<th>Name of Financial Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please choose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Balance: $0.00

Who in the house owns this?
- [ ] Ann Arbor
- [ ] Joe Tree
- [ ] Spring Arbor
- [ ] Are there other Owners?

Add Another Account

Submit
Exit
Financial Instruments

Does anyone receiving benefits have any CDs, stocks, bonds or retirement accounts?

- Yes
- No

Submit  Exit
## Financial Assets

### Account Information

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Name of Financial Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please choose</td>
<td></td>
</tr>
</tbody>
</table>

### Account Number (optional)

- **Account Number**: [ ]
- **Balance**: $0.00

### Who is the account owner?

- Joint Owners
- Ann Arbor
- Joe Tree
- Spring Arbor
- Are there other owners?

### Add Another Account

- [ ]
- [ ]
- [ ]

### Delete Account

- [ ]
Trust Accounts

Does anyone requesting benefits have any trust accounts?

- Yes
- No

Submit  Exit