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| HOUSEHOLD MEMBER INCOME | |
| **Household Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Monthly Income Sources and Amounts:**  *Enter as many income amounts as needed.*  *Please* ***select******one(1)*** *as their* ***primary*** *income source.*  **🡫**   * $\_\_\_\_\_\_\_\_\_\_\_\_ Full – Time Employment * $\_\_\_\_\_\_\_\_\_\_\_\_ Part – Time Employment * $\_\_\_\_\_\_\_\_\_\_\_\_ Temporary/Seasonal Employment * $\_\_\_\_\_\_\_\_\_\_\_\_ Pension * $\_\_\_\_\_\_\_\_\_\_\_\_ Disability * $\_\_\_\_\_\_\_\_\_\_\_\_ Pension * $\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI) * $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Income(SSDI) * $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Benefits * $\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer * $\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No Income 🞏 Prefer not to Say | **Social Services Received:**   * Elderly Low Cost Drug Program * Elderly Tax and Rent Refund * General Assistance * LIHEAP * Medicaid/Mainecare * Medicare * School Meals * SNAP - formerly food stamps * SSDI * SSI * TANF * Supplemental Assistance for Women, Infants and Children (WIC) * Vets Aid * Other * None |
| **Household Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Monthly Income Sources and Amounts:**  *Enter as many income amounts as needed.*  *Please* ***select******one(1)*** *as their* ***primary*** *income source.*  **🡫**   * $\_\_\_\_\_\_\_\_\_\_\_\_ Full – Time Employment * $\_\_\_\_\_\_\_\_\_\_\_\_ Part – Time Employment * $\_\_\_\_\_\_\_\_\_\_\_\_ Temporary/Seasonal Employment * $\_\_\_\_\_\_\_\_\_\_\_\_ Pension * $\_\_\_\_\_\_\_\_\_\_\_\_ Disability * $\_\_\_\_\_\_\_\_\_\_\_\_ Pension * $\_\_\_\_\_\_\_\_\_\_\_\_ Supplemental Security Income (SSI) * $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Disability Income(SSDI) * $\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Benefits * $\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer * $\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No Income 🞏 Prefer not to Say | **Social Services Received:**   * Elderly Low Cost Drug Program * Elderly Tax and Rent Refund * General Assistance * LIHEAP * Medicaid/Mainecare * Medicare * School Meals * SNAP - formerly food stamps * SSDI * SSI * TANF * Supplemental Assistance for Women, Infants and Children (WIC) * Vets Aid * Other * None |