REHABILITATION SERVICES

IPE Economic Need Summary Instructions

PART A.

Effective Dates: Enter the time period that the economic need summary is expected to cover (minimum of 3 months up to a maximum of 12 months) for all IPE services requiring expenditure.

Length in Months: Number of months covered by Effective Dates.

Number in Family: Based upon the number of exemptions on the latest federal income tax return. Note that an unmarried client, age 23 and older, with no dependents is considered a family of one.

PART B. AVAILABLE RESOURCES

MONTHLY INCOME

Lines 1 - 14: Enter net salary/wages and amounts of money available from other sources. Include income of persons indicated in PART A, Number in Family. Verification of eligible individual's income must be obtained. Use the Comments section if additional explanation is needed for this part.

Line 15: Total all monthly income from Lines 1-14.

Line 16: Enter the total of ongoing monthly expenses allowed as income reduction, including payment for disability related expenses (medical supplies, medication, psychotherapy, etc.), child support, and alimony. Monthly payments for health insurance may also be included unless previously deducted when determining net income. Other unique expenses used to reduce the individual's financial contribution to their rehabilitation must be justified based on individual circumstances. Verification of expenses may be requested.
Explanation of income reduction must be documented in the COMMENTS section.

Line 17: Subtract any Income Reduction (Line 16) from Total Monthly Income (Line 15).

CASH ASSETS

Line 18: Enter the total of checking accounts, cash, trust funds, savings, certificates of deposit, investments, and other items that the eligible individual can use to assist with his or her own rehabilitation (explain in "COMMENTS" section).

Checking accounts and cash on hand will be an estimate of the amount available during the effective dates.
Assets exempt from consideration are:
IRAs, deferred compensation accumulations, and other tax deferred assets specifically designed for retirement that existed prior to determination of eligibility (additional contributions are not exempt);
If there are no cash assets, enter 0. Verification may be requested.

Line 19 Enter the amount of cash assets exemptions... up to $2,500 for the client and up to $500 for each other member of the family unit.

Line 20: Subtract Line19 from Line 18 to get Total Adjusted Cash Assets.

Line 21: Divide Line 20 by the Length in Months indicated in PART A to determine Monthly Cash Assets.

Line 22: Add lines 17 and 21 to determine Total Available Monthly Resources.

REHABILITATION SERVICES

IPE Economic Need Summary Instructions

PART C. COMPARABLE BENEFITS

Check all sources that will help pay for services. Use the COMMENTS section and case narrative to explain why available benefits are not used and to provide other information as needed.

PART D. WORKSHEET

Line 1. Enter amount from PART B, Line 22.

Line 2. Enter monthly Cost of Living amount according to the number in family stated in PART A.

Line 3. Subtract Line 2 from Line 1 to obtain the client's surplus funds for 1 month.

Line 4. Multiply Line 3 by the Length in Months shown in PART A. The clientis responsible to apply this amount towards services during the time period of this Economic Need Summary.

SERVICE DESCRIPTION : Enter the specific service being provided.

COST OF SERVICE : Enter the cost of each service.

COMPARABLE BENEFIT : Source - enter the source of the benefit (use the appropriate code when completing the form on KMIS).
Amount - enter the amount of the benefit to be applied to the service.

CLIENT PART : Enter the amount of surplus resources to be applied to each service. The total for this column must equal the amount of Total Resources Available in line 4 of PART D.

RS PART : Enter the amount that RS will provide after using Comparable Benefits and the client's part.

The last three columns must total the corresponding amount in the COST OF SERVICE column.

Use the COMMENTS sections to explain entries as needed.

The forms must be signed and dated.

Please consult your supervisor when situations do not clearly fit the format of the Economic Need Summary and instructions.

INDIVIDUALIZED PLAN FOR EMPLOYMENT
ECONOMIC NEED SUMMARY

PART A.

Amendment Number _____

Name _____

Number in Family _____

Length in Months _____

Effective Dates: From _____ through _____(mm/yy)

PART B. AVAILABLE RESOURCES

MONTHLY INCOME

1. Net salary/wages	_____	13. Other Income _____	_____
2. Self employment	_____	14. Other Income _____	_____
3. Unemployment Compensation	_____	15. TOTAL MONTHLY INCOME	_____
4. Worker's Compensation	_____	16. INCOME REDUCTION	_____
5. Insurance benefits	_____	17. ADJUSTED MONTHLY INCOME	$_____
6. Dividends/Interest/Annuities	_____		
7. Social Security Disability Ins.	_____	CASH ASSETS	
8. Supplemental Security Income	_____	18. Savings, investments, checking, cash, & other available money	_____
9. Veterans benefits	_____	19. Cash Assets Exemptions	_____
10. Public Assistance	_____	20. Total Adjusted Cash Assets	_____
11. Retirement benefits	_____	21. Monthly Cash Assets	_____
12. Family support		22. TOTAL AVAILABLE MONTHLY RESOURCES (17. + 21.)	_____

PART C. COMPARABLE BENEFITS

Health Insurance	_____	Veterans Benefits	_____	Scholarship	_____
Medicaid	_____	SRS	_____	Other _____	_____
Medicare	_____	PELL	_____	Other _____	_____
JTPA	_____	SEOG	_____	Other _____	_____

COMMENTS:

I hereby certify that the above information is true to the best of my knowledge and I agree to submit a copy of my Federal Income Tax Report or other documents to substantiate these statements upon request. I further agree to notify my rehabilitation counselor if and when my financial situation changes.

Signature _____ Date _____

INDIVIDUALIZED PLAN FOR EMPLOYMENT
ECONOMIC NEED SUMMARY

PART D. WORKSHEET

1. TOTAL AVAILABLE MONTHLY RESOURCES $_____
2. COST OF LIVING STANDARD $ _____
3. MONTHLY SURPLUS RESOURCES $ _____
4. CLIENT'S RESOURCES FOR IPE (Line 3.x _____mo.) $ _____

COST OF LIVING STANDARDS

Number in Family	Monthly Amount
1	$ 1,980
2	$2,673
3	$3,366
4	$4,059

Add $693 for each additional family member

SERVICE DESCRIPTION	COST OF SERVICE	COMPARABLE BENEFIT Source	COMPARABLE BENEFIT Amount	CLIENT PART	RS PART
1. _____	$ _____	_____	$ _____	$ _____	$ _____
2. _____	$ _____	_____	$ _____	$ _____	$ _____
3. _____	$ _____	_____	$ _____	$ _____	$ _____
4. _____	$ _____	_____	$ _____	$ _____	$ _____
5. _____	$ _____	_____	$ _____	$ _____	$ _____
6. _____	$ _____	_____	$ _____	$ _____	$ _____
7. _____	$ _____	_____	$ _____	$ _____	$ _____
8.	$ _____	_____	$ _____	$ _____	$ _____
9. _____	$ _____	_____	$ _____	$ _____	$ _____
TOTALS:	$ _____	_____	$ _____	$ _____	$ _____

COMMENTS:

Counselor's Signature_____ Date _____