

## Instructions for Financial Data Sheet (FDS)

1. **Case Number** – Consumer’s Assigned Case Number

2. **Social Security Number** – Request Card

3. **Name of Consumer** – Record consumer’s full name. Do not use nicknames or abbreviated versions of the name. Include Jr. or any other appropriate suffix.

4. **Address** – Record consumer’s current complete address. If address is a route or box number, the name of the street or road where consumer lives must be recorded. If it is a trailer park, record name of trailer park, street address and lot number. If consumer lives in an apartment complex, include the name of the apartment complex, street address, and apartment number.

\*\*Remember if the consumer lives out of county, the patient’s fee is 100%. When completing the FDS, if the consumer lives in areas such as Raeford or Parkton (some of these addressed are in Cumberland County) ask the consumer which county they live in and what county they pay taxes in.

5. **Parent/Guardian** – Record name and address of parent or Guardian if the consumer is a child or an adult who has an appointed legal guardian. Please be sure that minor children are listed in the care of the Parent/guardian who signed the FDS.

REG 1

ADDRESS LINE 1: c/o Jane Doe

ADDRESS LINE 2: 109 Bradford Avenue

6. **Phone Number**

7. **Date of Birth**

8. **Race**

9. **Sex**

10. **Marital Status**

11. **Family Member’s Income:** Always include the consumer’s spouse as a family member if they live together. They are financial responsible for each other unless they are separated or divorced. Net Income should be recorded for all members of the consumer’s family. If a person is counted as a family member, then his/her income must be included.

- If the income is questionable, then documentation of income may be requested.
- Food Stamps is not considered income. We do include child support, alimony, and AFDC.
- The employer for each family member must be recorded.

- The FDSs are showing adults with dependent children with no income, that needs to be questioned! How are they supporting themselves? Who pays rent, the mortgage? Who buys food, who pays the utility and phone bills?

12. **Number of Dependents** – If dependents are listed on income taxes, we can list them on the FDS.

13. **Total Net Income to Establish Fee** – Remember total net income includes the spouse's income if they are living together.

14. **Child Support/Medical Payments** – Medical Expenses during the current year are deducted if they exceed \$500.00. If a consumer's medical obligations total \$3,000.00 for the year but they pay a monthly payment and the total for the year is \$300.00 that they actually paid on their medical expenses, then we cannot deduct it from their income.

- We require verification of medical expenses. The best form of documentation is copies of receipts and/or cancelled checks. Additional documentation may include statements from Medical Facilities.
- When you receive the documentation for the medical expense deduction, make a copy of all documentation and attach it to the original FDS for our records. On the block #14 (of the FDS) put "see attachments". Then in block #13 list the total amount of the deduction on the medical expense line.
- **Child Support** is deducted from the consumer's total net income if they or their spouse are currently paying child support. The child support does not include any premiums on insurance policy the consumer may pay for the child, it is the actual amount that is sent to NC Child Support Enforcement or given to the child's custodial parent. Put the amount of the child support per year on the "other" line in block #13 and write beside it – child support.

\*\*An explanation must be made if any deductions from income are made or if the client reports a "zero" income.

15. **Established Fee** – This is based on the family's total net income and number of dependents.

16. **Health Insurance Coverage** – Always indicate what type of health insurance coverage the consumer or his family may have. Include the name of the insurance company, group number, policy holder, policy number and the relation to the insured. A copy of the insurance card is required.

- **If a consumer refuses permission for us to file insurance then the consumer is responsible for 100% of all cost of services. This does not include when the client forgot their card.**

- Please have all clients with insurance sign an Authorization to Release Information. Finance will not be able to file the insurance without this release being signed by the client or their guardian.

- If a client states that they are unemployed, yet have a commercial insurance (insurance other than Medicare/Medicaid) please question them. Sometimes you may carry your insurance 1-3 months after you are laid off or terminated.

**\*\*\* If more than one member of a family is an “open” consumer of the center, the fee percentage that is established during the interview is split between the family members since the fees are based on the Family’s Total Net Income. If a client has 2 other family members (mom and 2 children) that are being seen at the same time and the established fee was 10%, then each family member would be at \$5 per visit. \$5 is the minimum fee that is charged.**

- **ZERO INCOME:** If a consumer reports zero income, the financial data sheet must include an explanation. This includes currently living with friends, boyfriend pays bills, mom and dad help out until consumer is employed.