

**BRAZOS COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
INCOME ASSESSMENT**

Name: _____ SSN: _____ Cause No.: _____

Number of Dependents: _____ Employer: _____

INSURANCE INFORMATION (Attach copy of card):

Medicaid No.: _____ Eligibility Date: _____
 _____ Group/Private Insurance Company: _____
 _____ Policyholder's Name: _____ Policyholder's SSN: _____
 _____ Address: _____ City/Zip Code: _____
 _____ Group Policy No.: _____ Certificate No.: _____ Relationship to client: _____
 _____ Deductible Amount: _____ Does your insurance provide Mental Health and/or Substance Abuse coverage? Y N

INCOME INFORMATION:

	Net Monthly Income (Take Home)	Gross Yearly Income
Salary & wages	\$ _____	\$ _____
Self employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Disability (SSI, SSDI, Worker's Compensation)	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
AFDC	\$ _____	\$ _____
Food stamps	\$ _____	\$ _____
Spouse's salary/wages	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

EXPENSES:

	Monthly Expenses
House (rent, house payment, etc.)	\$ _____
Utilities (electricity, water, gas)	\$ _____
Cable TV	\$ _____
Telephone	\$ _____
Food (groceries, including money spent eating out)	\$ _____
Laundry (include money spent for dry cleaning)	\$ _____
Transportation (gas, bus fare, etc.)	\$ _____
Entertainment (movies, sports, etc.)	\$ _____
Clothing (purchases, uniform rentals, etc.)	\$ _____
Doctor/dentist/medicines	\$ _____
Insurance (car, home, life, health, etc.)	\$ _____
Child support	\$ _____
Child care	\$ _____
Probation fees (fine, supervision fees, restitution, etc.)	\$ _____
Monthly credit payments (TOTAL from next section)	\$ _____
Other _____	\$ _____
TOTAL EXPENSES	\$ _____

CREDIT PAYMENTS (Payment to [name])	FOR (car, TV, etc.)	Monthly Expenses	Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

TOTAL MONTHLY CREDIT PAYMENTS (Enter in EXPENSE SECTION above) \$ _____ \$ _____

The above information is accurate to the best of my knowledge. I will inform my supervising officer of any changes in my income or number of dependents. I agree to provide proof of insurance and inform my supervising officer of any changes in insurance coverage or household income.

Client Signature

Date

FOR OFFICE USE ONLY (To be completed by CSO upon receipt of Income Assessment Form)

ADDITIONAL INFORMATION: _____

Based on the income assessment, the client is responsible for paying _____ percent for an evaluation and _____ percent per individual or group session.

CSO Signature

Date