



State of Utah
Department of Workforce Services
INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM
DETERMINATION OF FINANCIAL NEED

Consumer Name: _____ Age: _____

Consumer income is from SSI; therefore, he/she is eligible for services conditioned on financial need.

IF BOX ABOVE IS CHECKED FURTHER COMPUTATION ON THIS FORM IS NOT NEEDED.

Computation of Financial Need:

- 1. Total eligible income (form 154, line 5)
 - 2. Liquid assets available to consumer (form 154, line 6)
 - 3. 3X Monthly Living Requirements for family size (P&P manual, appendix 5a)
 - 4. Subtract line 3 from line 2. If negative number, put zero
 - 5. Divide line 4 by 12 to get monthly amount
 - 6. Add lines 1 and 5
 - 7. Allowable expenses (form 154, line 7)
- Subtotal:** _____
- 8. Monthly Living Requirements for family size (P&P manual, appendix 5a) ...
- Total:** _____

IF GREATER THAN ZERO, CONSUMER DOES NOT MEET FINANCIAL NEED REQUIREMENT.

The consumer:

- Meets the financial need requirement and is eligible for paid Independent Living Services.
- Does not meet the financial need requirement and is not eligible for paid Independent Living services.

IL Coordinator Signature _____

Date _____

ANNUAL RECONSIDERATION OF FINANCIAL NEED		
Date Reviewed	Status	Coordinator Initials
	<input type="checkbox"/> Changed <input type="checkbox"/> Unchanged	
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2022 Federal Poverty Chart	
HH Size	Poverty Guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For HH with > 8, add \$4,720 per person	

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.