



DAS Income Eligibility (DASIE)



The full fee of counseling services at Corner House is \$100.00 per session. Funding is available from the NJ Department of Human Services (Division of Addiction Services), allowing our agency to adjust payments for eligible clients on a sliding fee scale based on income and family size.

To determine your eligibility to receive public funding for substance abuse treatment, you must complete this Income and Eligibility screening. Your household income must be at or below 350% of Federal Poverty Level to qualify for DAS-funded services at our agency. Otherwise, you will not be eligible for public funding. You will be required to submit proof of gross earned income and/or any other income received.

CLIENT INFORMATION

First Name: _____
Middle Initial: _____
Last Name: _____

Gender (circle): FEMALE MALE

Date of Birth (mm/dd/yyyy): ____/____/____

Today's Date (mm/dd/yyyy): ____/____/____

Social Security Number: _____

(If not given, please select a reason):

- 1. Undocumented
- 2. Will give later
- 3. Refused

Marital Status (select):

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widow(er)

Do you have health insurance? 1. Yes 2. No

Are you a U.S. Citizen? 1. Yes 2. No

Are you a full-time student? 1. Yes 2. No

Are you currently enrolled in Medicaid? 1. Yes 2. No

HOME ADDRESS

Address / Street: _____

Address / Apt. #: _____

City: _____

State: _____ Zip: _____

MAILING ADDRESS

Same as Home Address Different than Home Address

Address / Street: _____

Address / Apt. #: _____

City: _____

State: _____ Zip: _____

CONTACT INFORMATION

Home Phone No: _____

Cell Phone No: _____

Work/Other Phone No: _____

E-mail: _____

HOUSEHOLD MEMBERS

Household Member #1:

First Name: _____

Middle Initial: _____

Last Name: _____

Gender (circle): FEMALE MALE

Date of Birth (mm/dd/yyyy): ____/____/____

Social Security Number: _____

(If not given, please select a reason):

- 1. Undocumented
- 2. Will give later
- 3. Refused

Marital Status (select):

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widow(er)

Relationship to you:

- 1. Spouse
- 2. Partner
- 3. Parent / StepParent
- 4. Guardian
- 5. Child / StepChild
- 6. Sibling
- 7. Other: _____

Household Member #2:

First Name: _____

Middle Initial: _____

Last Name: _____

Gender (circle): FEMALE MALE

Date of Birth (mm/dd/yyyy): ____/____/____

Social Security Number: _____

(If not given, please select a reason):

- 1. Undocumented
- 2. Will give later
- 3. Refused

Marital Status (select):

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widow(er)

Relationship to you:

- 1. Spouse
- 2. Partner
- 3. Parent / StepParent
- 4. Guardian
- 5. Child / StepChild
- 6. Sibling
- 7. Other: _____

Household Member #3:

First Name: _____

Middle Initial: _____

Last Name: _____

Gender (circle): FEMALE MALE

Date of Birth (mm/dd/yyyy): ____/____/____

Social Security Number: _____

(If not given, please select a reason):

- 1. Undocumented
- 2. Will give later
- 3. Refused

Marital Status (select):

- 1. Single
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widow(er)

Relationship to you:

- 1. Spouse
- 2. Partner
- 3. Parent / StepParent
- 4. Guardian
- 5. Child / StepChild
- 6. Sibling
- 7. Other: _____

****If you have more than 4 people in your household, please ask the Front Desk for an additional page on which to record their information****

EARNED INCOME

I do not have Earned Income (skip to next section)

JOB #1- Please select your Employment Type:

- 1. Work for pay
- 2. Self-employed
- 3. Owner
- 4. Other

Employer Name: _____

Employer Address: _____

Job Start Date (mm/yyyy): ____/____

Work Phone No: _____

Work Type (circle): FULL-TIME PART-TIME

Payment Period:

- 1. Every Week
- 2. Every 2 Weeks
- 3. 2 Times/Month
- 4. 1 Time/Month

Work Income (before taxes) per Pay Period: \$ _____

JOB #2- Please select your Employment Type:

- 1. Work for pay
- 2. Self-employed
- 3. Owner
- 4. Other

Employer Name: _____

Employer Address: _____

Job Start Date (mm/yyyy): ____/____

Work Phone No: _____

Work Type (circle): FULL-TIME PART-TIME

Payment Period:

- 1. Every Week
- 2. Every 2 Weeks
- 3. 2 Times/Month
- 4. 1 Time/Month

Work Income (before taxes) per Pay Period: \$ _____

OTHER INCOME

I do not have Other Income (skip to next section)

Indicate type of Other Income:

- 1. Supplemental Security Income (SSI)
- 2. Veterans Benefits
- 3. Workers Compensation
- 4. Alimony You Receive
- 5. Income from Rent (Not What You Pay)
- 6. Social Security Survivors / Retirement
- 7. Unemployment
- 8. Pension or Annuity
- 9. Child Support You Receive
- 10. Social Security Disability Benefits
- 11. State Disability
- 12. Interest of Dividends
- 13. Cash from Friends of Family

Total Monthly Other Income: \$ _____

PAYMENT DETAILS

If you PAY for daycare for a child or disabled adult, list monthly amount: \$ _____

If you PAY child support or alimony, list monthly amount: \$ _____

I do not have any payments to be made