



**4. WARD'S RESIDENCE**

a. TYPE OF RESIDENCE (*X and complete as applicable*)

<input type="checkbox"/> HOME OR APARTMENT OF MEMBER	<input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE ( <i>State relationship</i> )
<input type="checkbox"/> HOME OR APARTMENT OF WARD	
<input type="checkbox"/> HOME OR APARTMENT OF FORMER SPOUSE OF MEMBER	<input type="checkbox"/> STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
<input type="checkbox"/> HOSPITAL OR INSTITUTION	<input type="checkbox"/> OTHER ( <i>Explain</i> ) _____

b. OWNER OF RESIDENCE

(1) NAME ( <i>Last, First, Middle Initial</i> )	(2) ADDRESS ( <i>Street, Apartment Number, City, State, ZIP Code</i> )	

c. IS RESIDENCE SUBSIDIZED HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	d. DATE WARD BEGAN LIVING AT CURRENT ADDRESS (YYYYMMDD)	e. DATE WARD BEGAN LIVING WITH PERSON WHO CURRENTLY HAS PHYSICAL CUSTODY (YYYYMMDD)
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**5. IF WARD IS A FULL-TIME STUDENT**

a. ADDRESS WHERE WARD RESIDES WHILE ATTENDING SCHOOL (*Street, Apartment Number, City, State, ZIP Code*)

b. TYPE OF RESIDENCE (*X and complete as applicable*)

<input type="checkbox"/> WARD'S OWN HOME OR APARTMENT	<input type="checkbox"/> STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
<input type="checkbox"/> MEMBER'S HOME OR APARTMENT	<input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE ( <i>State relationship</i> )
<input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE	
<input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER	<input type="checkbox"/> OTHER ( <i>Explain</i> ) _____

c. ADDRESS WHERE WARD RESIDES WHILE NOT ATTENDING SCHOOL (*Longer than 90 days*) (*Street, Apartment Number, City, State, ZIP Code*)

d. TYPE OF RESIDENCE (*X and complete as applicable*)

<input type="checkbox"/> WARD'S OWN HOME OR APARTMENT	<input type="checkbox"/> STUDENT DORMITORY OR OTHER ON-CAMPUS FACILITY
<input type="checkbox"/> MEMBER'S HOME OR APARTMENT	<input type="checkbox"/> HOME OR APARTMENT OF FRIEND OR RELATIVE ( <i>State relationship</i> )
<input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S FORMER SPOUSE	
<input type="checkbox"/> HOME OR APARTMENT OF MEMBER'S WIDOW OR WIDOWER	<input type="checkbox"/> OTHER ( <i>Explain</i> ) _____

**6. PERSONS LIVING IN HOUSEHOLD WITH WARD**

a. NAME ( <i>Last, First, Middle Initial</i> )	b. AGE	c. MARRIED ( <i>X</i> )		d. EMPLOYED	
		YES	NO	HOURS PER WEEK	NO ( <i>X</i> )
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**7. HOUSEHOLD EXPENSES**

List the household expenses for all persons living in the home. If expense was one-time only, such as purchase of a new chair, do not show this as a monthly expense; list it as an expense for the past 12 months. If ward resides in the member's household or in a dwelling owned by member, use Fair Rental Value (FRV) for dwelling. If ward does not reside in member's household or in a dwelling owned by member, list actual mortgage, rent, or FRV if dwelling is mortgage-free. If FRV is used, give a brief explanation of how Fair Rental Value was obtained in the Remarks section.

FAIR RENTAL VALUE (FRV): FRV is a single monthly sum for the entire dwelling where the ward lives. This sum is an amount the owner can reasonably expect to receive from a stranger to rent the dwelling. FRV will not include food, utilities, furniture, and home repairs, which are listed separately.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. ( <i>X one</i> ) <input type="checkbox"/> RENT <input type="checkbox"/> FRV <input type="checkbox"/> MORTGAGE ( <i>Specify amount of tax and insurance if applicable</i> ) TAX INSURANCE			d. FURNITURE AND APPLIANCES		
			e. REPAIRS ON HOME		
			k. OTHER ( <i>Specify</i> )		
b. FOOD					
c. UTILITIES ( <i>Heat, power, water, and telephone</i> )					

**8. WARD'S PERSONAL EXPENSES**

List personal expenses for ward. Do not list personal expenses for the member, his or her immediate family, or any other person. List all of the ward's personal expenses regardless of who is paying for them.

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
a. CLOTHING			g. PRIVATE AUTO PAYMENTS <i>(If auto is registered in child's name)</i>		
b. LAUNDRY AND DRY CLEANING					
c. MEDICAL <i>(Do not include expenses paid by insurance, welfare, or Medicare)</i>			h. MONTHLY TRANSPORTATION PAYMENTS <i>(Include gas, oil, insurance, repairs, and public transportation)</i>		
d. VALUE OF USIP CARD <i>(Verification of amount is required)</i>					
e. PERSONAL INSURANCE <i>(Specify)</i>			i. SCHOOL EXPENSES <i>(Itemize)</i>		
f. PERSONAL TAXES <i>(Specify)</i>					
			j. OTHER <i>(Specify)</i>		

**9. WARD'S SCHOOL EXPENSES**

List ward's school expenses even if covered by scholarship, grant, or other financial aid.

ITEM	AVERAGE MONTHLY EXPENSE	ITEM	AVERAGE MONTHLY EXPENSE
a. TUITION		e. BOARD <i>(Food)</i>	
b. BOOKS		f. OTHER SCHOOL EXPENSES <i>(Specify)</i>	
c. SPECIAL FEES			
d. ROOM <i>(Rent)</i>			

**10. IF WARD IS IN HOSPITAL OR INSTITUTION (INCAPACITATED)**

If ward is in a hospital or institution, all of the following information must be furnished. Obtain this information from the hospital or institution.

a. DATE WARD ENTERED HOSPITAL/INSTITUTION <i>(YYYYMMDD)</i>	b. ANTICIPATED DATE OF DISCHARGE <i>(If known) (YYYYMMDD)</i>
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c. WILL CHILD RETURN TO MEMBER'S HOME AFTER DISCHARGE? *(If "NO," explain where child will reside)*

YES

NO

**d. WARD'S EXPENSES IN HOSPITAL OR INSTITUTION**

ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS	ITEM	PRESENT MONTHLY EXPENSE	TOTAL EXPENSE FOR PAST 12 MONTHS
(1) ROOM			(8) EDUCATION		
(2) FOOD			(9) TRANSPORTATION		
(3) REHABILITATION CLASSES OR SERVICES			(10) PERSONAL INSURANCE <i>(Specify)</i>		
(4) SPECIALIZED EQUIPMENT					
(5) MEDICAL CARE			(11) OTHER <i>(Specify)</i>		
(6) CLOTHING					
(7) LAUNDRY/DRY CLEANING					

<b>10.e. WARD'S EXPENSE IN HOSPITAL OR INSTITUTION ARE PAID BY:</b>						
	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
<b>DISPENSARY</b>	(1) CIVILIAN MEDICAL TREATMENT FACILITY <i>(CHAMPUS)</i>			(4) STATE OR LOCAL AGENCY <i>(Name and Address)</i>		
	(2) MILITARY MEDICAL TREATMENT FACILITY					
	(3) PRIVATE INSURANCE <i>(Name and Address)</i>			(5) MEMBER		
				(6) OTHER <i>(Explain and give name and address)</i>		

**11. WARD'S EMPLOYMENT**

Has ward been employed since age 21?  YES  NO  
 If "YES," furnish the following information. Use the Remarks section to continue if necessary.

<b>a.</b>	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(5) TYPE OF WORK PERFORMED		(6) REASON EMPLOYMENT ENDED	
<b>b.</b>	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(5) TYPE OF WORK PERFORMED		(6) REASON EMPLOYMENT ENDED	
<b>c.</b>	(1) NAME OF EMPLOYER	(2) DATE EMPLOYMENT STARTED (YYYYMMDD)	(3) DATE EMPLOYMENT ENDED (YYYYMMDD)	(4) MONTHLY SALARY (Gross)
	(5) TYPE OF WORK PERFORMED		(6) REASON EMPLOYMENT ENDED	

**d. IS OR WAS WARD'S JOB CONSIDERED AS BEING A "SHELTERED WORKSHOP" - THAT IS, OPEN ONLY TO DISABLED OR HANDICAPPED PEOPLE?**

YES *(If "YES" and ward is currently working, attach a statement from the employer verifying this information.)*  
 NO

**12. WARD'S SCHOOL ATTENDANCE**

Has ward attended college since age 21?  YES  NO *(If Yes, furnish the following:)*

<b>a.</b>	(1) NAME AND ADDRESS OF SCHOOL		(2) <i>(X as applicable)</i> <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) (X) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	(5) WARD'S MAJOR
<b>b.</b>	(1) NAME AND ADDRESS OF SCHOOL		(2) <i>(X as applicable)</i> <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> FOR RECEIVING DEGREE
	(3) DATES ATTENDED	(4) (X) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	(5) WARD'S MAJOR

**13. WARD'S INCOME**

All gross income received by or in behalf of the ward, whether taxable or nontaxable, and whether received monthly, quarterly, or yearly, must be listed. This includes any income received by persons in the capacity of custodian or administrator for the ward. If any income received during the past 12 months was a lumpsum (one-time) payment, be sure to state this. Verification documents are required.

SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS	SOURCE	PRESENT MONTHLY INCOME	TOTAL INCOME FOR PAST 12 MONTHS
a. WAGES, SALARIES, TIPS, OR OTHER CASH GRATUITIES			d. SOCIAL SECURITY PAYMENTS, DISABILITY OR REGULAR <i>(Specify)</i>		
b. INTEREST ON INVESTMENTS, BONDS, SAVINGS, TRUST FUNDS, ETC.					
c. INSURANCE OR PUBLIC/ GOVERNMENT PENSION PAYMENTS, UNEMPLOYMENT OR DISABILITY COMPENSATION <i>(Specify type)</i>			e. SUPPLEMENTAL SECURITY INCOME (SSI)		
			f. VETERANS ADMINISTRATION PAYMENTS <i>(Specify type)</i>		

