

## SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

### Analysis of Financial Need

Last : Mr. Scholl		First: Todd		MI: A	Consumer ID: 413185	Date: 7/17/2020
Address: 1350 Air Force Lane			City: MYRTLE BEACH	State: SC	Zip: 29577	County : 26
Counselor: Jennifer C Coppola		Caseload:	Referred by:			Phone:
Financial information (consideration of the individual's financial circumstances is required to determine the extent of participation in a needed, purchased service). <b>Select option A, B, or C</b>						
<input type="checkbox"/> <b>A. Identification of primary source of support</b> – SNAP, TANF, SSDI or SSI recipient (or dependent thereof).						
<input type="checkbox"/> <b>B. Gross income test</b> - family unit size and income fall within levels of the gross income table. Family size: _____ Family income: _____						
<input checked="" type="checkbox"/> <b>C. Analysis of economic circumstances</b> - estimated number of weeks rehabilitation will extend: <u>52</u> . Complete 1-5 below.						
<b>1. Weekly income – members of family unit having income or making contributions:</b>						
Name	Age	Relationship	Source	\$ Adjusted Weekly Gross Income	Income Period	Income Entered
Todd Scholl	49	client	Coastal	\$ 963.70	Twice a month	\$ 2708.33
				\$		\$
				\$		\$
				\$		\$
<b>Total weekly income sub-total</b>				\$ 963.70		\$ 0
				<b>X 52 no. Wks.</b>		<b>= \$ 50112.4</b>
<b>2. Liquid assets</b>						
Checking/Savings/Money Market Account					\$ 200	2.
<b>Total liquid assets</b>					\$ 200	
Exemption allowed under state plan (Subtract)					\$ 1340	
<b>Net amount liquid assets</b>					<b>= \$ 0</b>	
<b>3. Capital assets (real property, etc.)</b>						
Description	Value	Encumbrances	Net equity			
	\$ 0	\$ 0	\$ 0			
	\$ 0	\$ 0	\$ 0			
<b>Total equity</b>			\$ 0			
Exemption allowed under state plan (Subtract)			\$ 10740			
<b>Net amount capital assets</b>			<b>= \$ 0</b>			
<b>4. Fixed weekly obligations (exemptions)</b>						
Description	Allowable	Entered	4.			
Living Expenses	\$ 373					
Amount of Rent or Mortgage Payment	\$ 271	\$ 447				
Employment Transportation Costs	\$ 82					
Debts	\$ 337.30	\$ 534				
Health Insurance Premiums	\$ 56	\$ 56				
<b>Total amount fixed obligations sub total</b>		\$ 1119.3				
		<b>X 52 no. Wks.</b>	<b>= \$ 58203.6</b>			
<b>5. Total amount available from resources of client, parent or guardian</b>						
<b>Final total dollar amount of section (1 + 2 + 3) - 4</b>					<b>= \$ 0</b>	
Verification Information – I certify that this is a true statement of my financial situation on this date:						
Counselor Signature _____			Date _____		Client/Parent or Guardian _____	