



AUTISM SUPPORT PROGRAM ANNUAL FINANCIAL ELIGIBILITY REVIEW

Information to determine continued financial eligibility for:

Parents' Name(s): _____

Child's name: _____

Complete using information from your most recently filed (2018 or after) tax return on which the child is claimed as a dependent:

Most recently filed federal tax return year: (The return must be for a tax year that ended no more than 15 months ago.)	
Name of taxpayer, and spouse, if applicable:	
Filing Status: (1) Single; (2) Married filing jointly; (3) Married filing separately; (4) Head of Household; (5) Qualifying Widow(er) (If both parents live together and file separate tax returns, information from both returns must be included. If a parent who lives in the same household does not file a return, please note.)	
First names of persons claimed as dependents on federal Form 1040 and their relationship to you.	
If a child who lives in your household is claimed as a dependent by the non-custodial parent through a release of exemption (Form 8332), enter the name of the child:	
Federal Adjusted Gross Income reported on Form 1040 Line 7:	
Amount reported on Form 1040 Line 2a (tax exempt interest) (enter zero if none):	
Amount reported on Form 1040 Line 5a (Social Security benefits): (enter zero if none):	
If you filed a Form 2555 (Foreign Earned Income/Housing Exclusion), enter the amount from that form you deducted on Form 1040 (enter zero if none):	

Income Self-Attestation: I attest by my signature that the income and household size information entered above is true and accurately represents the information reported on my federal tax return. (You do not need to attach a copy of the return.)

Signature: _____ **Date:** _____

YES _____	NO _____	Has your child's insurance coverage changed since your application?
YES _____	NO _____	Is the child eligible to be covered by Medicaid?
YES _____	NO _____	Is the child eligible to have ABA covered by a private insurer?

Return this form to: Connie Fanselow by email at cfansel@dhs.state.ia.us or by mail at: Iowa Dept. of Human Services, MHDS; Hoover State Office Bldg. 5 SE; 1305 E. Walnut Street; Des Moines, IA 50319.