



# At-Risk of Homelessness: Household Income Verification and Documentation Guide

This guidance document outlines how to verify and document a household’s income as part of determining whether an Oregon Health Plan (OHP) member is part of the HRSN At-Risk of Homeless population. This population may be eligible for many HRSN services, if they meet additional requirements. Use this guide to work with OHP members to see if their income qualifies for the HRSN At-Risk of Homelessness definition. This process includes identifying income sources and amounts, adding them up, and seeing if the annual income is at or below the 30% Area Median Income (AMI).

## Table of contents

|   |    |
|---|----|
| At-Risk of Homelessness Population .....                              | 2  |
| Household Income Limits and Household Calculation Guidance .....      | 2  |
| Documentation Standards.....  | 2  |
| Income Sources to Include and Exclude in the Income Calculation ..... | 3  |
| Income Inclusions.....  | 3  |
| Income Exclusions .....   | 4  |
| Acceptable Types of Documentation by Income Source .....              | 5  |
| Income Calculation Worksheet.....                                     | 12 |
| Income Documentation Worksheet .....                                  | 14 |

## At-Risk of Homelessness Population

The At-Risk of Homelessness population group may be eligible for multiple HRSN services. To understand eligibility for HRSN Services, please visit the [HRSN webpage](#) and the [Housing Eligibility Guide](#).

HRSN At-Risk of Homelessness is defined as:

1. Having a household income of 30% or less of the AMI, according to the most recent Department of Housing and Urban Development (HUD) data.
2. Lacking sufficient resources or support networks to prevent homelessness, and
3. Having an HRSN Housing Clinical Risk Factor.

This guidance document focuses on the income component of this definition (#1).

## Household Income Limits and Household Calculation Guidance

The [HRSN 2024 qualify income limits for the At-Risk of Homeless Population Chart](#) outlines how to calculate household size, and lists 30% AMI limits by household and geographic location. [HUD's most recent data](#) can also be found on HUD's website. To qualify for the At-Risk of Homelessness income limit, a member's household income must be at or less than the 30% AMI limits.

## Documentation Standards

Standards for the type of documentation to verify income are listed in order of preference:

1. **First preference—Third Party documentation:** documentation originating from an outside source is the most preferable form of documentation. Examples of third-party income documentation are paystubs, Social Security Income (SSI) or Social Security Disability Insurance (SSDI) paperwork, unemployment statement, or other records directly from the income source.
2. **Second preference—Case Manager Observation:** documentation includes a written statement made by a social worker, case manager, or other appropriate official at an institution or organization and documented by the CCO or HRSN Service Provider. This is an option if third party documentation is not immediately available and would create a delay in service authorization or provision.

3. **Third preference—Member Self-Attestation:** An oral or written attestation made by the member or member representative attesting to their income. The self-attestation must be documented by the CCO, HRSN Service Provider, or HRSN Connector. There is risk of legal action if misinformation is knowingly supplied. Self-attestation is an option for members if third party documentation or Case Manager Observation are not immediately available and would create a delay in service authorization or provision.

## Income Sources to Include and Exclude in the Income Calculation

These charts define different sources of income and show what income sources to include and exclude from the income calculation. Some income sources should be included when calculating whether a household meets the 30% AMI limit, and some income sources should be excluded. Most people won't have all the types of income listed. Income should reflect the gross income (pre-tax) for all adults in the household, unless otherwise noted. Income documentation should reflect the previous two months.

### Income Inclusions

Include the sources of income listed in this chart when calculating a household's income. Most people won't have all the types of income listed—include the sources that are applicable to the household.

| General Category             | Description   |
|------------------------------|---|
| Earned Income (wages)        | The full amount of gross income earned before taxes and deductions.   |
| Business Income              | The net income earned from the operation of a business (i.e., total revenue minus business operating expenses). This also includes any withdrawals of cash from the business or profession for the member's personal use. |
| Interest and Dividend Income | Monthly interest and dividend income credited to a member's bank account and available for use by the household (not just the member).  |

| General Category   | Description  |
|--|--|
| Pension/Retirement Income  | The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability, and other similar types of periodic payments.                                     |
| Unemployment and Disability Income                               | Any monthly payments in lieu of earnings, such as unemployment, disability compensation, Social Security Income (SSI), Social Security Disability Insurance (SSDI), and worker's compensation. |
| Temporary Assistance for Needy Families (TANF)/Public Assistance | Monthly income from government agencies excluding amounts designated for shelter.  |
| Alimony, Child Support and Foster Care Income                    | Alimony, child support, and foster care payments received from organizations or from persons not residing in the dwelling.   |
| Armed Forces Income  | All basic pay, special pay and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire (hazard pay).   |

## Income Exclusions

Exclude the sources of income listed in this chart when calculating a household's income.

| General Category                 | Description  |
|----------------------------------|--|
| Income of Children               | Income from employment of children (including foster children) under the age of 18 years.  |
| Inheritance and Insurance Income | Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses. |
| Medical Expense Reimbursements   | Amounts received by the household that are specifically for, or in reimbursement of, the cost of medical expenses for any household member.  |
| Income of Live-in Aides          | Income of a live-in aide (as defined in 24 CFR 5.403).   |

| General Category              | Description   |
|-------------------------------|---|
| Disabled Persons              | Certain increases in income of a disabled member of a qualified household (24 CFR 5.671(a)).                    |
| Student Financial Aid         | The full amount of student financial assistance paid directly to the student or to the educational institution. |
| Armed Forces Hostile Fire Pay | The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.                  |

## Acceptable Types of Documentation by Income Source

Each income source typically has different types of documentation. This chart outlines the types of documentation to collect for each income source.

| Type of Income  | Acceptable Types of Documentation  | Documentation Steps  |
|---|--|--|
| <b>Wages, salary, etc.</b>  | Copy of most recent paystub(s)   | <ul style="list-style-type: none"> <li>Obtain copy(ies) of most recent pay stub(s) from the member.</li> <li>Include copy(ies) in participant file.</li> </ul>   |
|   | <b>OR</b>  |  |
|   | Written documentation of income  | <ul style="list-style-type: none"> <li>Mail, fax, email written documentation of income request directly to employer(s).</li> <li>Obtain signed and dated documentation of income from employer(s).</li> <li>Include documentation of income in file.</li> </ul> |
|   | <b>OR</b> (if written third-party documentation cannot be obtained in time to prevent a delay in service authorization or provision) |  |
|   | Oral verification of income.   | <ul style="list-style-type: none"> <li>Contact employer(s) by phone or in person to obtain oral verification.</li> <li>Document oral verification of income.</li> <li>Include documentation of the oral verification in file.</li> </ul>                         |
| <b>OR</b> (if third-party verification cannot be obtained in time to prevent a delay in service authorization or provision) |  |  |

| Type of Income                      | Acceptable Types of Documentation  | Documentation Steps   |
|-------------------------------------|--|---|
|                                     | Self-attestation of income   | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation and verification in file.</li> <li>• Include documentation of self-attestation of income in file.</li> </ul> |
| <b>Business income</b>              | Copy of most recent federal or state tax return showing <u>net</u> business income   | <ul style="list-style-type: none"> <li>• Obtain copy of most recent federal or state tax return from the member.</li> <li>• Include copy in file.</li> </ul>  |
|                                     | <b>OR</b> (if written third-party documentation cannot be obtained in time to prevent a delay in service authorization or provision) |   |
|                                     | Self-attestation of income.  | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation in file.</li> <li>• Include documentation of self-attestation of income in file.</li> </ul>                  |
| <b>Interest and dividend income</b> | Copy of most recent interest or dividend income statement  | <ul style="list-style-type: none"> <li>• Obtain copy(ies) of most recent interest or dividend income statement from the member.</li> <li>• Include copy(ies) in file.</li> </ul>  |
|                                     | <b>OR</b>  |   |
|                                     | Copy of most recent federal or state tax return showing interest, dividend or other net income                                       | <ul style="list-style-type: none"> <li>• Obtain copy of most recent federal or state tax return from the member.</li> <li>• Include copy in file.</li> </ul>  |

| Type of Income                          | Acceptable Types of Documentation  | Documentation Steps  |
|---|--|--|
|   | <b>OR</b> (if written third-party documentation cannot be obtained in time to prevent a delay in service authorization or provision) |  |
|   | Self-attestation of income.  | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation in file.</li> <li>• Include documentation of self-attestation of income in file.</li> </ul> |
| <b>Pension and/or retirement income</b> | Copy of recent statement or benefit notice from Social Security Administration (SSA), pension provider, or other source              | <ul style="list-style-type: none"> <li>• Obtain copy(ies) of most recent benefit notice, pension statement or other payment statement from the member.</li> <li>• Include copy(ies) in file.</li> </ul>  |
|   | <b>OR</b>  |  |
|   | Written verification of income.  | <ul style="list-style-type: none"> <li>• Mail, fax, email verification of income request directly to Social Security, pension provider or other source.</li> <li>• Obtain signed and dated verification of income from income source.</li> <li>• Include verification of income in file.</li> </ul>  |
|   | <b>OR</b> (if written third-party documentation cannot be obtained in time to prevent a delay in service authorization or provision) |  |
|   | Oral verification of income.   | <ul style="list-style-type: none"> <li>• Contact source(s) by phone or in person to obtain oral verification of income.</li> <li>• Document oral verification of income.</li> <li>• Include documentation of the oral verification in file.</li> </ul>   |
|   | <b>OR</b> (if third-party verification cannot be obtained in time to prevent a delay in service authorization or provision)          |  |

| Type of Income                            | Acceptable Types of Documentation  | Documentation Steps   |
|---|--|---|
|   | Self-attestation of income.  | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation and verification in file.</li> <li>• Include documentation of self-attestation of income in file.</li> </ul> |
| <b>Unemployment and disability income</b> | Copy of most recent unemployment, worker's compensation, SSI, SSDI, or severance payment statement or benefit notice                 | <ul style="list-style-type: none"> <li>• Obtain copy(ies) of most recent payment statement(s) and/or benefit notice(s) from the member.</li> <li>• Include copy(ies) in file.</li> </ul>  |
|   | <b>OR</b>  |   |
|   | Written verification of income.  | <ul style="list-style-type: none"> <li>• Mail, fax, email verification of income request directly to unemployment administrator, worker's compensation administrator, or former employer.</li> <li>• Obtain signed and dated verification of income from income source.</li> <li>• Include verification of income in file.</li> </ul>   |
|   | <b>OR</b> (if written third-party documentation cannot be obtained in time to prevent a delay in service authorization or provision) |   |
|   | Oral verification of income.   | <ul style="list-style-type: none"> <li>• Contact source(s) by phone or in person to obtain oral verification of income.</li> <li>• Document oral verification of income.</li> <li>• Include documentation of the oral verification in file.</li> </ul>  |
|   | <b>OR</b> (if third-party verification cannot be obtained in time to prevent a delay in service authorization or provision)          |   |



| Type of Income                         | Acceptable Types of Documentation   | Documentation Steps   |
|--|---|---|
|  | Self-attestation of income.   | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation and verification in file.</li> <li>• Include documentation of self-attestation of income in file.</li> </ul> |
| <b>TANF/<br/>public<br/>assistance</b> | Copy of most recent TANF payment statement or benefit notice  | <ul style="list-style-type: none"> <li>• Obtain copy(ies) of most recent benefit notice(s) or payment statement(s) from the member.</li> <li>• Include copy(ies) in file.</li> </ul>  |
|  | <b>OR</b>   |   |
|  | Written verification of income.   | <ul style="list-style-type: none"> <li>• Mail, fax, email verification of income request directly to TANF administrator.</li> <li>• Obtain signed and dated verification of income from income source.</li> <li>• Include verification of income in file.</li> </ul>  |
|  | <b>OR</b> (if written third-party documentation cannot be obtained in time to prevent a delay in service authorization or provision)  |   |
|  | Oral verification of income.  | <ul style="list-style-type: none"> <li>• Contact source(s) by phone or in person to obtain oral verification of income.</li> <li>• Document oral verification of income.</li> <li>• Include documentation of the oral verification in file.</li> </ul>  |
|  | <b>OR</b> (if third-party verification cannot be obtained in time to prevent a delay in service authorization or provision)   |   |
| Self-attestation of income.            | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation and verification in file.</li> <li>• Include documentation of self-attestation of income in file.</li> </ul> |   |

| Type of Income             | Acceptable Types of Documentation  | Documentation Steps   |
|----------------------------|--|---|
| <b>Armed Forces income</b> | Copy of pay stubs, payment statement, or other government-issued statement indicating income amount                                  | <ul style="list-style-type: none"> <li>• Obtain copy(ies) of most recent payment stubs(s), statements, or other government-issued statement from the member.</li> <li>• Include copy(ies) in file.</li> </ul>   |
|                            | <b>OR</b>  |   |
|                            | Written verification of income.  | <ul style="list-style-type: none"> <li>• Mail, fax, email verification of income request directly to appropriate armed services representative.</li> <li>• Obtain signed and dated verification of income from income source.</li> <li>• Include verification of income in file.</li> </ul>   |
|                            | <b>OR</b> (if written third-party documentation cannot be obtained in time to prevent a delay in service authorization or provision) |   |
|                            | Oral verification of income.   | <ul style="list-style-type: none"> <li>• Contact source(s) by phone or in person to obtain oral verification of income.</li> <li>• Document oral verification of income.</li> <li>• Include documentation of the oral verification in file.</li> </ul>  |
|                            | <b>OR</b> (if third-party verification cannot be obtained in time to prevent a delay in service authorization or provision)          |   |
|                            | Self-attestation of income.  | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation and verification in file.</li> <li>• Include documentation of self-attestation of income in file.</li> </ul> |

| Type of Income            | Acceptable Types of Documentation | Documentation Steps  |
|---------------------------|-----------------------------------|--|
| <b>No Income Reported</b> | Self-attestation of income.       | <ul style="list-style-type: none"> <li>• Obtain self-attestation of income from the member. Self-attestation can be oral or written by the member. Oral self-attestation made by the member must be documented by the CCO or HRSN Service Provider for the file.</li> <li>• Include documentation of attempts to get third party documentation and verification in file (if any).</li> <li>• Include documentation of self-attestation of income in file.</li> </ul> |

## Income Calculation Worksheet

This Income Calculation Worksheet is an optional template to list and calculate income for an OHP member's household.

First, determine the member's household size. Medicaid defines a household as an economic unit instead of people who live in the same physical address. For example, friends who live at the same physical address are considered separate households, because they do not file taxes together—even though they live at the same physical address. An individual and their dependents are considered the same household. For a full definition, see "Family Size" in OAR 410-200-0015.

Use the table below to add up everyone in the household. The household includes the member, their spouse or live-in partner, children, and anyone they list on their tax return (if they file taxes). They don't need to file taxes to qualify. This table only provides an estimate of household size; OHP will still need to review.

|  |   |
|--|---|
| The member (the person applying)   | 1 |
| Their legal spouse   |   |
| Their live-in partner if they have a child (under age 19) with that individual   |   |
| Children (under age 19) who live with them   |   |
| Anyone else they include on their federal income tax return, even if these individuals don't live with the member                                  |   |
| If the member (the person applying) is under 19, include their parents, step-parents and any brothers or sisters (under age 19) who live with them |   |
| If someone is pregnant in the household, count them and each expected baby   |   |
| <b>Total</b>   |   |

Next, list the total monthly amount of income for each adult in the household, by source. Use the last two months of income. If the monthly income varies, **use the most recent month to calculate income**. Add additional columns or rows as necessary (for example, if there are four adults in the household, add another column). Review the “Income Sources to Include and Exclude in the Income Calculation” section of this document for more information.

| <b>Income Source</b>                          | <b>Monthly Amount Adult #1</b> | <b>Monthly Amount Adult #2 (if applicable)</b> | <b>Monthly Amount Adult #3 (if applicable)</b> |
|---|--------------------------------|--|--|
| Earned Income (wages)                         |                                |  |  |
| Business Income                               |                                |  |  |
| Interest and Dividend Income                  |                                |  |  |
| Pension/ Retirement                           |                                |  |  |
| Unemployment and Disability Income            |                                |  |  |
| TANF/Public Assistance                        |                                |  |  |
| Alimony, Child Support and Foster Care Income |                                |  |  |
| Armed Forces Income                           |                                |  |  |
| Other   |                                |  |  |
| <b>Subtotal</b>                               |                                |  |  |

Finally, complete the chart below to compare the household’s income against HUD’s 2024 qualifying AMI limits. If the member’s household income is at or below the HUD 2024 qualifying AMI limit, they meet the income component of the At-Risk of Homelessness definition (there are 3 components of the At-Risk of Homelessness definition. See the first page of this guidance for the full definition).

|   |  |
|---|--|
| Total gross household <b>monthly</b> income (Add all 3 subtotal columns)  |  |
| Annualize income to compare to the HUD 2024 qualifying limits.  |  |
| Number of household members   |  |
| Nearest City of County where the household is located   |  |
| Review <a href="#">HUD 2024 qualifying income limits for At-Risk of Homelessness</a> . Is the household at or below the 30% AMI for the region? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Income Documentation Worksheet

This Income Documentation Worksheet is an optional template that outlines the steps to collect documentation for income sources. The type of documentation is listed in order of preference (e.g. first preference is third party, second is caseworker observation, and third is member self-attestation). Complete the worksheet to demonstrate the documentation or verification for each income source, and attached

supporting documentation. Review the “Acceptable Types of Documentation for each income source” section of this document for more information.

## 1. Third Party Verification

Check the boxes that apply below:

- Third party documentation was obtained and is attached to this document. For each income source, complete the below (add rows or explanation as necessary):

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
| Income Source | Amount | Frequency |
| Income Source | Amount | Frequency |

- Oral third- party verification was obtained, documented, and is attached to this document. For each income source, complete the below (add rows or explanation as necessary):

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
| Income Source | Amount | Frequency |
| Income Source | Amount | Frequency |

- Third party verification cannot be obtained for each income sources. Please indicate reason below, and go to Step 2 (Caseworker Observation):

Caseworker/Care Coordinator/Appropriate Staff Signature/Initials \_\_\_\_\_ Date \_\_\_\_\_

## 2. Caseworker Observation

Check one of the two boxes below:

- Indicate below the situation observed by the Coordinated Care Organization Care Coordinator or the HRSN Service Provider making the assessment (add rows and/or explanation as necessary).

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
|---------------|--------|-----------|

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
|---------------|--------|-----------|

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
|---------------|--------|-----------|

Care Coordination/caseworker observation cannot be obtained for each income source.  
Please indicate reason below, and go to Step 3 (Self-Attestation):

Caseworker/Care Coordinator/Appropriate Staff Signature/Initials \_\_\_\_\_ Date \_\_\_\_\_

### 3. Self-Attestation

Due to third party verification and caseworker observation is not available, income is self-attested by the OHP member (add rows and explanation as necessary):

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
|---------------|--------|-----------|

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
|---------------|--------|-----------|

|               |        |           |
|---------------|--------|-----------|
| Income Source | Amount | Frequency |
|---------------|--------|-----------|

Member / Appropriate Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact 503-945-5488 (all relay calls accepted or [feedback@odhsoha.oregon.gov](mailto:feedback@odhsoha.oregon.gov))

