

Transitions to Community Living Initiative

Tenant Household Composition and Income Summary

HEAD OF HOUSEHOLD (HOH) INFORMATION			
Name of Tenant: <i>(First, MI, Last Name)</i>	Name of LME/MCO Alliance Health	Housing Slot Number:	
HOUSEHOLD INFORMATION <i>(Complete the following information for each household member that will occupy the unit at time of move-in)</i>			
Full Name	Relationship to HOH		
1)	Head of Household		
2)			
3)			
4)			
HOUSEHOLD INCOME <i>(Complete the following information for each household member that will occupy the unit at time of move-in)</i>			
Income Source	Household Member	Amount/Month	If employed, hourly or salary
1)	HOH		
Document reviewed:			
2)			
Document reviewed:			
3)			
Document reviewed:			
4)			
Document reviewed:			
Total Monthly Gross Income: \$_____			
ADDITIONAL INFORMATION RELATED TO HOUSEHOLD INCOME (IF APPLICABLE) (DO NOT INCLUDE ANY PROTECTED HEALTH INFORMATION)			

I hereby certify that the information provided in this document has been verified by LME/MCO staff.

Transition Coordinator Signature	Date:
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Instructions for LME/MCO: Upload completed form in CLIVE. Upload of supporting income documentation is not required, however it is strongly recommended.

Revised: 12/28/16