



# Wyoming Home Services (WyHS) Program

## Eligible Participant 2026 Income Verification and Sliding Fee Scale



**Eligible Participant's Legal Name** \_\_\_\_\_

Wyoming Home Services (WyHS) Program applicants must verify their household's monthly income to determine eligibility and payment amounts for services. Assets are not considered.

**Verification of Household Monthly Income:** Please provide details below for all applicable sources of your monthly income. Refer to your bank statements, pay stubs, 1099 forms, and other relevant financial records to verify this information.

<b>Monthly Gross Household Income</b>		<b>Monthly Household Deductions</b>	
Social Security Income		Medical & Prescription	
Salary & Wages		Supplemental Insurance	
VA Benefits		Mortgage/Rent	
Retirement Benefits			
1099 (previous year)			
Other, List all			
<b>Total Gross Household Income:</b>		<b>Total Household Deductions:</b>	
<b>Adjusted Household Income (Gross Income – Deductions): \$</b>			

**Sliding Fee Scale:** Please use the table below to determine the percentage that the EP will pay for each service. The fee is based on the household's net income and is adjusted according to the household size. Remember that the program relies on EP fees to serve as many EPs as possible. If the family has zero income, the EP's cost share would be zero.

EP's Cost Share	0-5%	10%	15%	25%	40%	55%	70%	85%	95%
EP Contribution Level	1	2	3	4	5	6	7	8	9
Household Size and Monthly Income	75%	100%	125%	150%	175%	200%	225%	250%	275%
1	\$998	\$1,330	\$1,663	\$1,995	\$2,328	\$2,600	\$2,993	\$3,325	\$3,658
2	\$1353	\$1,803	\$2,254	\$2,705	\$3,156	\$3,607	\$4,058	\$4,508	\$4,959
3	\$1,708	\$2,277	\$2,846	\$3,415	\$3,984	\$4,553	\$5,123	\$5,692	\$6,261
4	\$2,063	\$2,750	\$3,438	\$4,125	\$4,813	\$5,500	\$6,188	\$6,875	\$7,563
5	\$2,418	\$3,223	\$4,029	\$4,835	\$5,641	\$6,447	\$7,253	\$8,058	\$8,864
6	\$2,773	\$3,697	\$4,621	\$5,545	\$6,469	\$7,393	\$8,318	\$9,242	\$10,166

I agree to pay \$ \_\_\_\_\_ per hour/per day for services being rendered.

EP Signature: \_\_\_\_\_ Date \_\_\_\_\_

ACC Signature: \_\_\_\_\_ Date \_\_\_\_\_



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### *Definitions*

**Household size:** The eligible participant (EP) and any other individual or family member that is part of the financial household. Includes spouse or significant other and dependents of the EP. WyHS almost always involves a household size of one or two. If homeless or living with someone, only the EP's income is considered for WyHS.

**Gross Household Income:** Income received monthly before household deductions are given.

**Household Deductions:** Allowable monthly deductions include prescription and medical expenses, supplemental insurance, mortgage or rent payments.

**Adjusted Household Income:** Total amount when household deductions are subtracted from the gross household income.

**Change in Circumstances:** Circumstances of an EP may change during the eligibility period. If the EP reports a change or the agency has reason to believe that a change is likely, eligibility must be determined within 30 calendar days of the change being reported or becomes known to the agency. Changes may relate to household size, income, deductions or need for services.

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