


The OPI Income/Fee Determination Record Form is designed to do the mathematical calculations for you when it is completed electronically.

Tips for using the form electronically:

1. Use **Tab key** to move between fields (not enter key)
2. Enter household income with monthly amounts
3. Totals _____
4. Enter household medical deductions
5. Totals _____
6. Net income - use this calculation with the current OPI fee schedule for percentage of OPI fee.
7. OPI fee – enter using two decimal points and do not use the % sign.
 - For example, 23% would be entered as 23.00 or 7.3% would be entered as 7.30.
 - This figure will then populate the table in the OPI % column.
8. This form also produces the OPI Monthly Fee to be entered on the service benefit tab in OACCESS.



DHS
Oregon Department of Human Services
Aging and People with Disabilities

**Oregon Project Independence
(OPI) Income/Fee
Determination Record**

Name (Last, First, Middle) _____

Prime no. _____

Date _____

No. in household _____

Gross monthly income (All income coming into the household including salaries, interest and dividends, pensions, annuities and Social Security):

\$ _____	\$ _____	\$ _____	
\$ _____	\$ _____	\$ _____	
\$ _____	\$ _____	\$ _____	
Total gross monthly income:			\$ 0.00

Allowable medical deductions (Household out-of-pocket medical expenses including prescription drugs and health insurance):

\$ _____	\$ _____	\$ _____	
\$ _____	\$ _____	\$ _____	
\$ _____	\$ _____	\$ _____	
Total allowable medical deductions:			\$ 0.00

Net monthly income (income left over after medical deductions): **\$ 0.00**

OPI percentage to pay (current OPI fee schedule): **0.00%**

If adjusted income is zero, a **\$5.00 annual fee** is charged — due at the time of eligibility and re-eligibility (check one): Yes No

Type of service	Monthly hours	Hourly rate	Multiplied by	OPI %	Maximum amount to be charged monthly
		\$ 0	0	0.00%	\$0.00
		\$ 0	0	0.00%	\$0.00
		\$ 0	0	0.00%	\$0.00
		\$ 0	0	0.00%	\$0.00
Totals	0			0.00%	Maximum monthly fee \$ 0.00

By signing below, I agree that to the best of my knowledge the information listed above is correct.

Individual signature _____

Date _____

Case manager signature _____

Date _____

OPI Fee Determination

Copy to individual; original to OPI file

SDS 0287K (07/2012)