|  |
| --- |
| NAME |
| STREET | CITY | STATE | ZIP | PHONE |

Please list all household members, including those under age 18.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family Income Members Legal Names | Relationshipto patient | Date of Birth | Age | Earned Gross Income (Year/Monthly/Biweekly/weekly) |
| Client’s legal name: | Self |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
|  Total Number in Family: | 1. Total Gross Income
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sources of unearned Income | Self | Others | Total |
| Gross wages, salaries, tips, etc.. |  |  |  |
| Income from business and self-employment. |  |  |  |
| Unemployment compensation, workers compensation, social security, supplemental security income, veteran’s payments, survivors’ benefits, pension, or retirement income. |  |  |  |
| Interest; Dividends; Royalties; Income from rental properties, estates, and trust; Alimony; Child support; Assistance from outside the household; And other miscellaneous sources. |  |  |  |
| TOTAL INCOME: |  |

I hereby certify that to the best of my knowledge that the above information I have provided on this form concerning income living arrangements to be true, accurate, and complete and that I have no income other than that listed above.

I promise to notify Marci Hinchey at once if there is a change to my income, mailing address or telephone number(s).

I will also notify Marci Hinchey if I obtain or have changes to my Medicaid, Medicare insurance or private.

insurance

SELF PAY, CO-INSURANCE PERCENTAGE OR CO-PAY MUST BE PAID IN FULL AT TIME OF SERVICE

|  |
| --- |
| Name (Print): |
| Signature: | Date: |

**OFFICE USE ONLY**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved Yes No**

**Approved Discount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **VERIFICATION CHECKLIST** | **YES** | **NO** |
| **identification/ address: driver’s license, utility bill, employment identification, or other** |  |  |
| **income: prior year tax return, four most recent pay stubs, or other.** |  |  |

*Self-declaration of income also may be used.*