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## Financial Data Form

Client Name \_\_\_\_\_

Number in Household \_\_\_\_\_

In order to determine the sliding fee status in a non-discriminatory manner, the following financial information is needed. If you are unwilling to provide this information, you will be charged the full fee for service.

### Household Monthly Income:

Salary \$ \_\_\_\_\_  
 Interest \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Farm/Business/Property \$ \_\_\_\_\_  
 (Rent or Contract)  
 Pensions \$ \_\_\_\_\_  
 Dividends \$ \_\_\_\_\_  
 S.S.I./A.D.C. \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Total Monthly Income \$ \_\_\_\_\_

### Household Monthly Expenses:

Medical Insurance Premiums \$ \_\_\_\_\_  
 Medications \$ \_\_\_\_\_  
 Special Equipment \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Total Medical Expenses \$ \_\_\_\_\_  
 Adjusted Income \$ \_\_\_\_\_  
 (Income - Expenses)

Resources: If your resources are below \$10,000 please check here \_\_\_\_\_.  
 If your resources are above \$10,000 please fill in your resources.

### Household Resources:

Savings Accounts \$ \_\_\_\_\_  
 Checking Accounts \$ \_\_\_\_\_  
 Stocks/Bonds/CDs \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 Total Resources \$ \_\_\_\_\_

\_\_\_\_\_ **WILL PAY FULL FEE,  
 NO FINANCIAL DISCLOSURE**  
 (Number in household not considered)

I verify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
 Client's Signature

\_\_\_\_\_  
 Date