



**Jefferson
Street
Health
Center**

Applicant Name: _____

Address: _____

Social Security #: _____ **Home Phone:** _____ **Cell Phone:** _____

PLEASE LIST ALL MEMBERS IN YOUR HOUSEHOLD INCLUDING YOURSELF

NAME	APPLICANT RELATIONSHIP	DATE OF BIRTH	DOES THIS PERSON HAVE HEALTH INSURANCE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER OF FAMILY MEMBERS: _____



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INCOME SOURCE – All members of household must provide all sources of income.

Recent Tax Return

Pension/Retirement

Alimony

Support Letter

Employment Letter

Paycheck Stubs

Military/Veteran

Child Support

Public Assistance

In-Kind Living Support

Self-Employment

Social Security

Worker's
Compensation

Unemployment/
Disability

Other

NAME	SOURCE OF INCOME	FREQUENCY OF INCOME	AMOUNT	TOTAL ANNUAL INCOME
			\$	\$
			\$	\$
			\$	\$

TOTAL HOUSEHOLD ANNUAL INCOME: \$ _____

I certify that the above information is complete and correct. If any of the above information is false, untrue, misleading or incomplete, I understand that I may be required to pay full price for the services received according to the established fee schedule. By signing below, I give my consent to release any and all information from all sources needed to substantiate the above information.

APPLICANT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

DOCUMENTS PROVIDED IN THE APPLICATION:

PROOF OF INCOME	<input type="checkbox"/> Profit & Loss (3 mo.)	<input type="checkbox"/> Alimony
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Child Support
<input type="checkbox"/> Form W-2	<input type="checkbox"/> Social Security	<input type="checkbox"/> Military Family Allotments
<input type="checkbox"/> 1099 MISC	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Annuity Payments
<input type="checkbox"/> 1099 INT	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Sale of Property
<input type="checkbox"/> Paycheck Stubs	<input type="checkbox"/> State Disability	<input type="checkbox"/> Gifts
<input type="checkbox"/> Employment Letter	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Self Declaration of Income	<input type="checkbox"/> Income from rents	<input type="checkbox"/> Savings
<p>Calculation and Notes:</p> <hr/> <hr/> <hr/> <hr/> <hr/>		
Family Size:		Total Gross Annual Household Income:
Sliding Fee Level:		