

Name _____

Date: _____

Have you, or has any member of your household, currently have income from any of these sources?

	Yes	No	Amount
Employment	_____	_____	_____
Social Security	_____	_____	_____
SSI	_____	_____	_____
Veterans Benefits	_____	_____	_____
Military Allotment	_____	_____	_____
Pension	_____	_____	_____
AFDC	_____	_____	_____
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Unemployment	_____	_____	_____
Strike Benefits	_____	_____	_____
Workers Compensation	_____	_____	_____
Insurance Benefits	_____	_____	_____
Rental Property	_____	_____	_____
Interest – Savings, CD’s Etc.	_____	_____	_____
Loans	_____	_____	_____
Savings	_____	_____	_____
Scholarships, Grants, Etc.	_____	_____	_____
Food Stamps	_____	_____	_____
Relief/General Assistance	_____	_____	_____
Friends or Family	_____	_____	_____
Other	_____	_____	_____

Describe how your household has met the following basic needs during the past six months:

Rent or Mortgage Payments: _____

Food: _____

Utility/Heating Bills: _____

I certify that all information provided is true and accurate. Providing false or fraudulent information to deceive or defraud the Community Health Center of Fort Dodge, may be punishable by law.

Patient or Responsible party signature

Date

Staff witness

Date