

## WomanKind Financial Screening

At WomanKind we have attempted to keep our care affordable for all patients. If you wish to apply for even further reduced rates, please complete the following. The information you provide will help determine whether you qualify for even lower medical fees. We ask that you provide documentation of income below, such as a current pay stub, prior year's tax return, W-2 or employer's statement. Your honesty will help insure the continued success of the program, and help keep fees low.

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Drivers license number \_\_\_\_\_ Drivers license state \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone (W) \_\_\_\_\_

Your verifiable income: \_\_\_\_\_ or \_\_\_\_\_ OR I am unable to verify my income because:  
(last 3 months) (last 12 months)  
 I worked for cash and did not file a tax return \_\_\_\_\_  
 I have not worked in the past 12 months \_\_\_\_\_

**List names and ages of persons other than yourself living in your home:**

Name	Relationship	Age	Monthly Income

MONTHLY RENT AMOUNT? \_\_\_\_\_

**Do you have/ receive: (circle all that apply)**

Health insurance      Medicaid                      Medicare                      Child support  
 Savings Account      Alimony  
 Investment account/ mutual funds/IRA      Social Security/other disability payments  
 Other income not listed (includes gifts, parental support etc.) \_\_\_\_\_

**Insurance or Medicaid?** \_\_\_\_\_ **Name of insurance** \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand that if any of the information proves to be untrue, I may be responsible for full payment of any charges incurred. I am aware that payment is expected at the time of service, however, services are available regardless of ability to pay.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only**



Total monthly household income \_\_\_\_\_ x 12 months = \_\_\_\_\_ Annual income

Additional income \_\_\_\_\_ (+ annual income) = \_\_\_\_\_ Total annual income

Income verified? \_\_\_\_\_ Date \_\_\_\_\_ Screener signature \_\_\_\_\_

Type of verification:    pay stub    tax return    W-2    employer letter    student ID    Payment level \_\_\_\_\_