

Financial Worksheet

Prior to determination being made, the following applicable proof of income must be returned within 10 business days:

- Prior Year Federal Tax Return
- Current Pay Stubs covering the last 60 days
- Current Bank Statement
- Proof of Social Security/Retirement/Pension Income
- Unemployment Statements

Income:

Total gross Monthly Income:
(after withholding taxes) \$ _____

Expenses:

Weekly/Biweekly/Monthly:

Monthly Expenses:	Housing	\$ _____
	Food	\$ _____
	Utilities <i>(gas, water, electric)</i>	\$ _____
	Telephone	\$ _____
	Transportation	\$ _____
	Debts/Creditors	\$ _____
	Insurance <i>(auto, home, life, medical, disability)</i>	\$ _____
	Clothing	\$ _____
	Miscellaneous	\$ _____
	Total Monthly Expenses	\$ _____

Are there any other circumstances or situations that may help assist in making a determination?

Consideration of this application is based on the applicant and/or patient following through to obtain whatever Medicaid or third party benefits he/she needs, as well as providing the requested proof of income documentation. Failure to provide requested proof of income may result in denial. Application and eligibility is good for one year from the date of the application.

I hereby certify that the information given is true and correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____
(Or representative)