INCOME WORKSHEET

NORTH DAKOTA DEPARTMENT OF HEALTH
FAMILY PLANNING PROGRAM
SFN 8625 (Rev. 10-2010)

There are charges for the services provided for you. These charges may be discounted based on your income and family size. Payment is requested at the time of your visit; however, if payment cannot be made in full, we ask that you make arrangements for payment of any unpaid balance.

Name			Gender ☐ Male ☐ Female	Date of Birth	
Address			City	State	ZIP Code
Marital Status	Years of Education Completed	Email Address		Home or Cell Telephone Number ( ) -	
Occupation		Name of Employer		Work Telephone Number ( ) -	

Race - Check all that apply
☐ White ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ Asian ☐ Unknown

Ethnicity - Check at least one
☐ Hispanic Origin ☐ Not Hispanic Origin ☐ Unknown/Not Reported

If we need to contact you, may we call or send mail to the above address? ☐ Yes ☐ No	Best Time ☐ a.m. ☐ p.m.	If no, how may we contact you?
In Case of Emergency, Contact:	Relationship	Telephone Number

GROSS INCOME (before taxes)

Self

Wages per Hour	X	Hours Per Week	=	Total (Gross)

Other Household Income (include husband/partner/boyfriend)

Wages per Hour	X	Hours Per Week	=	Total (Gross)

Other Household Income (child support, social security, tips, and unemployment)

Monthly Total (Gross)

Total Number of Household Members (including yourself) Depending on This Income	Total Gross Income

Do you receive medical assistance/Medicaid? ☐ No ☐ Yes	ID Number	Do you have health insurance? ☐ No ☐ Yes-If you want us to file the claim, complete the following:	
Name of Insurance Company		Contract Number	
Address		City	State / ZIP Code
Name of Policy Holder		Date of Birth	Relationship to Policy Holder

_____ (Please initial). I authorize the release of any medical information necessary to process an insurance claim and payment of medical insurance benefits.

The answers to the above questions are true and complete to the best of my knowledge.

Client Signature	Date

Chart Number	Total Gross Income	Income Code / %	Staff Initials

Tobacco Use (client) ☐ Yes ☐ No

DONATIONS ARE APPRECIATED