

Please list all sources of income.

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pensions, or retirements				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household				
Any miscellaneous sources				
Total Income				

Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Signature Date Name (Print)

Office Use Only

Patient Name: _____ Patient ID #: _____
Approved SFS Co-Pay amount: _____ Effective Dates: _____
Approved by: _____ Date Approved: _____

Verification Check List	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or another form		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance cards, Healthxnet verification		