

Income Intake

First Name _____ Middle Name _____ Last Name _____ Age _____

Address _____ City _____ State _____ Zip Code _____

Can you receive mail from Planned Parenthood at this address? yes no, I am requesting confidential services

Requested/current method of birth control _____

Are you trying to get pregnant or do you think you could be pregnant? yes no Have you been sterilized or had your tubes tied? yes no

Are you a U.S Citizen? yes no

The following information will be used to calculate your income and level on the sliding fee scale. Documentation is required for all listed income.

Start with **yourself**, then list all the people who live in your home.

Name First, Middle, Last	How is this person related?	Social Security Number	Gender M/F	Date of Birth	Birth State	Does this person have <u>any</u> Health insurance or Title XIX?
	Self					

Income: List all income received by **yourself, spouse and children** who live in your home. Include income from wages, unemployment compensation, child support, social security, railroad retirement benefits, worker's compensation, veteran's benefits, alimony.

Do you receive child support? yes no Case number _____

Person who receives money	Employer or income source	Amount before taxes or deductions	How often is this amount paid? (Weekly, monthly, every other week, twice a month, other)

Does anyone in your home pay child support for a person who does not live with you? yes no

If yes, who pays? _____ Amount? _____

If you want credit for child support you must bring a copy of a cancelled check.

Does anyone in your home pay for childcare outside of your home? yes no

If yes, how much is paid? _____ How often? _____ To whom? _____

If you want credit for childcare expense you must bring a copy of a receipt or statement from your childcare provider.

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