

**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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PPSI Clinic # I-B-009

Reviewed January 2008, Reviewed 1-2010