



FINANCIAL EVALUATION

Form with fields for Patient's Last Name, Mailing Address, Last Name (Responsible Party 1), Responsible Party Employer, Last Name (Responsible Party 2), and Responsible Party Employer.

Is any family member in the house currently on AHCCCS or other Medicaid program? (ALGUIEN EN LA FAMILIA RECIVE AHCCCS? SI/NO) Y / N
FAMILY MEMBERS: (MIEMBROS DE FAMILIA) HOUSEHOLD SIZE: (TOTAL DE PERSONAS QUE VIVEN EN EL CASA):

Table with 6 columns: NAME, BIRTHDATE, RELATIONSHIP, AGE, LEGAL RESIDENT/CITIZEN, Yes/No.

INCOME FREQUENCY OPTIONS (OPCIONES DE FRECUENCIA DE INGRESO): WEEKLY (SEMANA) BIWEEKLY (CADA DOS SEMANAS) MONTHLY (MENSUAL) SEMI-MONTHLY (QUINCENAL)

GROSS AMOUNT PER PAYDAY (INGRESO BRUTO ANTES DEDUCIONES): Financially Responsible/Frequency: \$ / Financially Responsible/Frequency: \$ / OTHER INCOME \$

TOTAL MONTHLY GROSS INCOME: \$ (INGRESO TOTAL MENSUAL) TOTAL YEARLY GROSS INCOME \$ (INGRESO TOAL AL ANNUAL):

I do not have income, I maintain myself in this manner: Aid of the family or/and friends (NO TENGO INGRESOS; ME SOSTENGO DE ESTA MANERA: AYUDA DE FAMILIARES Y/O AMIGOS)

IN KIND PROVIDER: ADDRESS: OTHER INCOME \$ (PROVEEDOR DE LA MISMA AYUDA) (DIRECCION) (OTRO INGRESO)

Table with 3 columns: BALANCE (BALANCE), CASH VALUE (VALOR EN EFECTIVO), MARKET VALUE/BALANCE OWED (VALOR / BALANCE QUE SE DEBE). Rows include CASH ON HAND, CHECKING Account, IRA/OTHER, STOCKS/BONDS, SAVING Account, LIFE INSURANCE, REAL PROPERTY, VEHICLE, PREPAID BURIAL, MONTHLY EXPENSES (GASTOS MENSUALES).

I swear and affirm that all statements made on this application are true and correct. You are hereby authorized to check my credit history in order to evaluate this financial statement. (Yo juro y afirmo que todas las declaraciones son verdaderas y correctas. Yo autorizo que verifiquen mi historial de crédito para evaluar mi situación financiera.)

Parent/ Guardian Signature REQUIRED / (Firma de Padre/Guardian REQUERIDO) Date (Fecha)