



**Income:**

**Previous Year**

**Current Monthly**

Wages

\_\_\_\_\_

\_\_\_\_\_

Interest

\_\_\_\_\_

\_\_\_\_\_

Social Security

\_\_\_\_\_

\_\_\_\_\_

SSI-Pension-ADC

\_\_\_\_\_

\_\_\_\_\_

Farm/Business Income

\_\_\_\_\_

\_\_\_\_\_

Child Support

\_\_\_\_\_

\_\_\_\_\_

Dividends

\_\_\_\_\_

\_\_\_\_\_

Alimony

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Income**

\_\_\_\_\_

\_\_\_\_\_

**Expenses Considered for Income Adjustment:**

Medicines

\_\_\_\_\_

\_\_\_\_\_

Medical Insurance

\_\_\_\_\_

\_\_\_\_\_

Durable Medical Equipment

\_\_\_\_\_

\_\_\_\_\_

Physician, Dentist, Eye Doctor

\_\_\_\_\_

\_\_\_\_\_

Other Medical Expenses

\_\_\_\_\_

\_\_\_\_\_

**Total Expenses**

\_\_\_\_\_

\_\_\_\_\_

**Total Adjusted Income**

\_\_\_\_\_

\_\_\_\_\_

**Additional Assets/Resources:**

Do you own real estate other than a primary home?  Yes  No Where? \_\_\_\_\_

I/we own the following motor vehicles:

Name of Owners	Make	Model	Year	Amt. Owed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List recreational vehicles, boats, campers, snowmobiles, etc.: \_\_\_\_\_

Where do you bank? \_\_\_\_\_

Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_ Cash on hand: \$ \_\_\_\_\_

C.D.'s: \$ \_\_\_\_\_ Stocks/bonds: \$ \_\_\_\_\_ Credit Union Balance: \$ \_\_\_\_\_

I certify that the statements made on this declaration and any related forms are true to the best of my knowledge. I recognize that any falsification will result in the forfeiture of any arrangements made. I authorize Adair County Health System to make investigation as deemed necessary and give permission to verify any information given with any financial institution or other party that may hold verification of the information given in this application.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Spouse's Signature