

MATERNAL AND CHILD HEALTH FINANCIAL INFORMATION FORM

Client's Name: _____ Date of Birth: _____
Last First MI

Client's Address: _____
Physical Address City State ZIP

Home Phone # _____ Mailing Address (if different) _____
City State ZIP

A. MEDICAL INSURANCE INFORMATION (attach a copy of their insurance, Medicaid and/or Kid Care Chip card if available.)

If a parent, who is not living in the house, is required to carry health insurance *or* assist with medical bills for the client, please provide us with the NAME/ADDRESS of this parent: _____
 and Insurance Company/Policy #: _____

Insurance	Name of Company	Covers Client's Condition:	Policy Number/Holder Name	Deductible & Co-Pay	Premiums Payment
Primary		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Secondary		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dental		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Orthodontic		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Medicaid / Kid Care CHIP	Client Number: _____ Eligibility Date: _____				

B. FAMILY INCOME Include all income from client, spouse, parent(s), stepparent, legal guardian(s) or adult who LIVE in the house. A copy of your income tax form or W-2's may be requested. If self-employed, please send your most recent income tax form.

Total Number of Family Members Living in the Household (required): _____

Household Income Information	Relationship to client _____	Relationship to client _____
Occupation		
Current Employer and how many months of the year are you employed?	_____ Months:	_____ Months:
Month/Years at Current Job		
Monthly Gross Earnings (before taxes & deductions)		
Amount in Savings		
Child Support, Alimony or Family and/or Military Benefits Received		
Social Security - SSI, SSDI, Retirement, or Survivors Benefits Received		
Other Income: Dividends/Interest, Business Income (i.e. Rental income), Real Estate, Royalties, Pensions, Annuity Payments, Estates/Trusts		
Unemployment, Workman's Compensation, Strike Benefits, Training Stipends		
EXPENSE: Child Support Paid Out		

Continued on Back

