

PATHWAY HEALTH CLINIC INCOME ASSESSMENT

Client Name \_\_\_\_\_ Client # \_\_\_\_\_

Are you employed? \_\_\_ Yes \_\_\_ No Are you a student? \_\_\_ Yes \_\_\_ No

Your employer: \_\_\_\_\_ Frequency of paychecks \_\_\_ Weekly \_\_\_ Two weeks \_\_\_ Monthly

Are you married? \_\_\_ Yes \_\_\_ No

Spouse's employer \_\_\_\_\_ Frequency of Paychecks \_\_\_ Weekly \_\_\_ Two weeks \_\_\_ Monthly

Do you have health insurance? \_\_\_ Yes \_\_\_ No

(AGE 26 & UNDER ONLY!) if your insurance is through your parents' policy, **considering privacy issues**, do you want Pathway Health Clinic to bill your health insurance? \_\_\_ Yes \_\_\_ No

Do you have a Medicare card? \_\_\_ Yes \_\_\_ No

Do you have an Illinois State Public Aid/Medicaid card? \_\_\_ Yes \_\_\_ No

Your wages \_\_\_ paid every week (or) \$ \_\_\_\_\_  
(check one) \_\_\_ paid every 2 weeks (before taxes are taken out)

Spouse's wages \_\_\_ paid every week (or) \$ \_\_\_\_\_  
(check one) \_\_\_ paid every 2 weeks (before taxes are taken out)

Your partner's wages \$ \_\_\_\_\_  
(if he/she is willing to help pay for these visits (\_\_\_ week or \_\_\_ 2 weeks)  
or contraceptive supplies)

Parents (monthly) if they are helping... \$ \_\_\_\_\_

Social Security (monthly) ..... \$ \_\_\_\_\_

Child support/alimony (monthly)..... \$ \_\_\_\_\_

Public Assistance (monthly)..... \$ \_\_\_\_\_

Tips (monthly)..... \$ \_\_\_\_\_

Unemployment (monthly)..... \$ \_\_\_\_\_

Workmen's Comp (monthly)..... \$ \_\_\_\_\_

\*\* The number of people this income supports \_\_\_\_\_

If your income is 0 (zero), how are you currently meeting expenses?  
\_\_\_\_\_

FOR OFFICE USE ONLY	
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Yearly \$	_____
Total yearly income	_____

Signature of client (confirming this information)

Date

Qualifying programs to pay for service:

Family Planning

Medicaid

Health Dept. Voucher

Private Insurance

\_\_\_\_\_  
(level)

\_\_\_\_\_  
(number & expiration)

\_\_\_\_\_

\_\_\_\_\_