



### Household Assessment

Please list income for all household members. This does not include guests, roommates, or non-dependent family members.

<u>Source</u>	<u>Amount</u>	<u>Weekly</u>	<u>Biweekly</u>	<u>Monthly</u>	<u>Annually</u>
Salaries and Wages (Self)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salaries and Wages (Spouse)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workman's Comp	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI (Supplemental Security)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support/Alimony	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tip Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military/Veterans Benefits	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Assistance/Food Stamps	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks/CDs/Savings	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest Income	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list all Dependent family members by NAME, DATE OF BIRTH and SOCIAL SECURITY NUMBER. Please be sure to include yourself.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number (if known)</u>

Odyssey House Louisiana reserves the right to inspect your tax return and/or wage statement for previous periods upon request. Eligibility will be updated on an annual basis. If there are any changes in your income status prior to your annual update you should notify us immediately.

I hereby certify that the income and family composition information supplied above is true and correct to the best of my knowledge. I understand that the document will be maintained in my permanent file and that falsification of any of the information above may constitute a federal offense.

I am declining to take this assessment. I understand that my refusal to take this assessment will make me ineligible for the sliding fee scale discount.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Patient Name