Elizabeth Layton Center
Household Income Worksheet

Client Name: _____ **Phone:**_____
First Middle Last

Client Address:_____ **DOB:**_____

Number of Household Members: _____ (See definition on cover page) **Client's SS#:** _____

Names of Other Household Members: (Please use back of this page if more room is needed)

_____ _____

_____ _____

If you are a Franklin or Miami County resident and you do not have health insurance or have lost your health insurance, you are eligible for the sliding fee scale. The information you provide below will be used for that purpose. This information is also needed by the Elizabeth Layton Center to provide required demographic information for the State of Kansas.

Household Income:

☐ Wages ☐ Salary ☐ Self-Employment	$_____	☐ per month	☐ per year
Social Security	$_____	☐ per month	☐ per year
SSI	$_____	☐ per month	☐ per year
Unemployment	$_____	☐ per month	☐ per year
Child Support	$_____	☐ per month	☐ per year
Disability	$_____	☐ per month	☐ per year
☐ Pension ☐ Trust Fund	$_____	☐ per month	☐ per year
Other Income _____ (please define)	$_____	☐ per month	☐ per year

By signing this document, I certify that I am providing Elizabeth Layton Center with accurate information regarding my gross household income and household size.

_____ _____
Signature of Client or Responsible Party Date

***** IMPORTANT ***** Copies of supporting documentation are required.

Copies of acceptable documentation include but are not limited to:

- Most recent income tax return
- Most recent paycheck stubs for all family members
- Worker's Compensation/Disability Checks
- Signed statement from employer on letterhead stating wages and total number of hours you work each week.
- SRS Statement verifying SSI income
- Child Support checks
- Unemployment benefit statement

Revised 4/2012