

### INCOME VERIFICATION FORM

The Bureau of Primary Health Care requires us to report annually the number of patients we serve by income category. To do this, we must collect income data on each household. This information is confidential. Please circle the category below that your family falls into. Thank you for your help with this.

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Household Size	Yearly Household Income	Yearly Household Income	Yearly Household Income	Yearly Household Income	Yearly Household Income
1	0 – 15,650	15,651 – 20,868	20,869 – 26,085	26,086 – 31,300	31,301 and above
2	0 – 21,150	21,151 – 28,201	28,202 – 32,252	32,253 – 42,300	42,301 and above
3	0 – 26,650	26,651 – 35,534	35,535 – 44,419	44,420 – 53,300	53,301 and above
4	0 – 32,150	32,151 – 42,868	42,869 – 53,585	53,586 – 64,300	64,301 and above
5	0 – 37,650	37,651 – 50,201	50,202 – 62,752	62,753 – 75,300	75,301 and above
6	0 – 43,150	43,151 – 57,534	57,535 – 71,919	71,920 – 86,300	86,301 and above
7	0 – 48,650	48,651 – 64,868	64,869 – 81,085	81,086 – 97,300	97,301 and above
8	0 – 54,150	54,151 – 72,201	72,202 – 90,252	90,253 – 108,300	108,301 and above
9	0 – 59,650	59,651 – 79,534	79,535 – 99,419	99,420 – 119,300	119,301 and above
10	0 – 65,150	65,151 – 86,868	86,868 – 108,585	108,586 – 130,300	130,301 and above
11	0 – 70,650	70,651 – 94,201	94,202 – 117,752	117,753 – 141,300	141,301 and above
12	0 – 76,150	76,151 – 101,534	101,535 – 126,919	126,920 – 152,300	152,301 and above

Refused

### Additional Demographic Information

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you live in public Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you homeless? Yes \_\_\_\_\_ No \_\_\_\_\_

➤ If yes- What is your current status: homeless shelter transitional doubling up on the street