

Financial Form

Documentation Required by Washtenaw County



Please fill out this form and send it back to Catholic Social Services of Washtenaw County The Oaks Adult Day program. If you need assistance please call (734) 662-4001.

Mrs. Mr. Miss Ms. Dr. _____ **No. of Adults in Household** _____ **No. of Children in Household**

Participant's First Name Last Name

Other Adult Household Member Names and relationship to client	
1.	4.
2.	5.
3.	

Address: _____

City/State/Zip: _____

Calculating Your Monthly Household Income:	Client	Spouse or Other Adult	Other Adult Household Member	Other Adult Household Member	Other Adult Household Member	Other Adult Household Member
Social Security	\$					
Pension	\$					
Other income (like wages or unemployment, other)	\$					
Monthly Total	\$	\$	\$	\$	\$	\$

OFFICE USE ONLY \$ _____ **Annual Household Income**

VALUE OF ASSETS (other than primary home and vehicle) such as stocks, bonds, bank accounts, CDs, IRAs, insurance policies with cash value, property: \$ _____

The information I have provided is true, correct and complete.

Client's Full Legal Signature

Date