INDIAN STREAM HEALTH CENTER

Household Assesment Application

Household Assessment

Head of Household _____
First Middle Last

Birth Date _____ SSN _____

Street Address _____

City _____ State _____ Zip _____

County _____ Proof of Income _____

Income _____

Frequency ❑ Daily ❑ Weekly ❑ Bi - Weekly
❑ Monthly ❑ Twice Monthly ❑ Annually

Number of Foster Children _____

Number of Unborn Children _____

Household Members

Household Member 1

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 2

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 3

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 4

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Financial Responsibility Agreement

I/We hereby authorize ISHC to furnish all information regarding my medical history, diagnosis and treatment of myself or my child (if applicable) to an insurance company regarding my claims for benefits. If however, said insurer fails to meet this obligation in whole or in part, or if I am non-insured, I/We agree to be responsible for the fee and cost involved in the treatment of the above named patient. I/We authorize payment of medical benefits to ISHC and further understand that should my account have to be referred to an attorney for collection that I am responsible for all fees and costs incurred therein.

Date_____ **Patient or Guardian Signature**_____

Additional Household Members

Household Member 5

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 6

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 7

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 8

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 9

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____

Household Member 10

Name _____
First Middle Last

Birth Date _____ SSN _____ Proof of Income _____

Income _____ Frequency _____

Annual Income _____ Foster Child ? _____ Job Count _____