UMDHU Family Planning Income Worksheet (4/2024) Legal Name (First, Middle, Last)______ Preferred Name Former/Maiden Name_____ Marital Status: ☐ Single ☐ Married ☐ Living Together ☐ Widowed ☐ Separated ☐ Divorced Sex Assigned at Birth: Female Male **Gender Identity:** ☐ Male ☐ Female ☐ Female to Male/Trans Male ☐ Male to Female/Trans Female ☐ Other ☐ Neither M/F Exclusively ☐ Declined to Disclose ☐ Unknown Sexual Orientation: Bisexual Lesbian/Gay/Homosexual Straight/Heterosexual Other/Something Else ☐ Declined to Disclose Unknown Mailing Address _____OK to send mail Yes City State Zip Phone _____ OK to leave voicemail messages? ☐ Yes ☐ No ☐ Yes ☐ No OK to send text messages? Email OK to email if we cannot reach you by phone? Yes No **Race** (check all that apply): ☐ Asian ☐ Black ☐ Native American/Alaskan Native ☐ Pacific Islander/Hawaiian ☐ White ☐ Decline to Specify EMERGENCY CONTACT: Family Planning services DO NOT require parental permission; however, in an emergency, if you are under 18 years of age, we will notify a trusted adult. Name ______ Relationship to you _____ Phone ____ **AUTHORIZED PERSONS** Your privacy is important to us. If anyone will be calling on your behalf for any reason, or picking up supplies for you, we will need your consent to speak with them. You can contact us at any time to update this information. Name _____ Relationship to you _____ OK to pick up my refills at UMDHU OK to discuss my UMDHU medical care OK to discuss my billing information MINORS: If you are under the age of 18: Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. Please notify staff if you want your visit to be CONFIDENTIAL. If your parents are aware that you are receiving services, charges will be based on your household income, please fill out the information for yourself as well as for your parents. FOR STAFF USE ONLY: # in household/Total Income: **Confidential Visit?** Income Code: Staff Initials: Yes/No

Check if you have any of the following: D Government Health Insurance (Milita	·	☐ Medicaid (expansion	on) 🗖 Priva	ite Health Insurance L	I Medicare Li Women's Way	
If you are 17 years old or younger and o	• • •	ents' or guardians' ins	surance pla	n: You should know th	at private insurance companies	
send out a letter called an explanation o	of benefits or EOB to the i	insurance policy hold	er (your pa	rents or guardians) abo	out the health care services, you	
receive at the clinic. If you are 18 years old or older and have	e private insurance cove	erage and are not the	policy hole	der: You should know t	hat private insurance companie	45
send out a letter called an explanation of	•	-	-			•
may contact your insurance company to		ent to you instead of t	the policy h	older to protect your p	orivacy.	
Can we submit to insurance? ☐ Yes	□ No					
If you marked Yes to submit to ins	urance, please comple	ete the following:				
Name of Primary Insurance		Policy Number				
Name of Policy Holder	Relationship to Po	licy Holder	Policy H	older Date of Birth		
Name of Folicy Holder	Neiationship to ro	mey Holder	Oncy	older bate of birth		
Name of Secondary Insurance (if a	oplicable)	Policy Number				
Nove of Policy Holder	Dolotion chin to Do	lia. Haldau	Daliand	aldon Data of Dinth		
Name of Policy Holder	Relationship to Po	olicy Holder	Policy H	older Date of Birth		
<u>TO C</u>	PT-OUT OF DISCOUNT	TS – REVIEW AND SI	IGN THE S	TATEMENT BELOW:		
Luculd not like to disclose my hou	cohold size and for ins	omo information	Lundorst	and that by choosin	a to ont out Lwill not bo	
I would not like to disclose my houseligible for discounts on my service					=	
apply for discounts for services tha	=	=			icare inc simily realmos	
			-	5.		
Signature			roday's	Date		
Household Size and Incom	o Information:	A	- d 2 🗖 V - e	Пис		_
Tiouseriola Size and incom	ie iiiioiiiiatioii.			s)		
			mniavari	S)		
		ii res, ivaille of E	.iiipioyei (5,		
Household Size:(Num	ber of individuals supporte					
		ed by the family incom	e. Include y	ourself, dependents, an	d partners with shared finances.)	
Household Size:(Num Your Income: For minors (if a con		ed by the family incom	e. Include y	ourself, dependents, an	d partners with shared finances.)	
Your Income: For minors (if a con	nfidential visit) only y	ed by the family incom	e. Include y	ourself, dependents, an	d partners with shared finances.) ts/household income)	
Your Income: For minors (if a con	nfidential visit) only y	ed by the family incom	e. Include y	ourself, dependents, an	d partners with shared finances.)	
Your Income: For minors (if a con	nfidential visit) only y	ed by the family incom your income need er hour = Weekly T	e. Include y	ourself, dependents, an	d partners with shared finances.) ts/household income)	
Your Income: For minors (if a con hours weekly Partner/Spouse/Parents Income	y at \$/pe	ed by the family incom your income need er hour = Weekly T i job:	e. Include yo	ourself, dependents, an arovided not parenx 52 Wks =	d partners with shared finances.) ts/household income) yearly before taxes	
Your Income: For minors (if a con hours weekly Partner/Spouse/Parents Income	y at \$/pe	ed by the family incom your income need er hour = Weekly T i job:	e. Include yo	ourself, dependents, an arovided not parenx 52 Wks =	d partners with shared finances.) ts/household income)	
Your Income: For minors (if a connection hours weekly Partner/Spouse/Parents Income hours weekly	y at \$/pe y at \$/pe e/or if you have a 2 nd y at \$/pe	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To	ds to be postal	ourself, dependents, an arrovided not parenx 52 Wks =x 52Wks=	d partners with shared finances.) ts/household income) yearly before taxes	
Your Income: For minors (if a connection) hours weekly Partner/Spouse/Parents Income hours weekly hours weekly	y at \$/pe	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To	ds to be postal	ourself, dependents, an arrovided not parenx 52 Wks =x 52Wks=	ts/household income) yearly before taxesyearly before taxes	
Your Income: For minors (if a connection hours weekly hours weekly hours weekly hours weekly other Income or Financial Support to	y at \$/pe	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To	ds to be p otal otal	ourself, dependents, an arrovided not parent x 52 Wks =x 52Wks=x52 Wks=	d partners with shared finances.) ts/household income) yearly before taxes yearly before taxes yearly before taxes	
Partner/Spouse/Parents Incomehours weeklyhours weekly	rafidential visit) only y y at \$/pe e/or if you have a 2nd y at \$/pe y at \$/pe to be included:	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To er hour =Weekly To	ds to be p otal otal stal	ourself, dependents, an arrovided not parenx 52 Wks =x 52Wks=	d partners with shared finances.) ts/household income) yearly before taxes yearly before taxes yearly before taxes	
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (su	rafidential visit) only y y at \$/pe e/or if you have a 2nd y at \$/pe y at \$/pe to be included:	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To er hour =Weekly To	ds to be p otal otal stal	ourself, dependents, an arrovided not parent x 52 Wks =x 52Wks=x52 Wks=	d partners with shared finances.) ts/household income) yearly before taxes yearly before taxes yearly before taxes	
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (sur	y at \$/pe to be included: pport by someone not	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To er hour = Weekly To living in the housel	e. Include your desired for the property of th	ourself, dependents, an provided not parent x 52 Wks =x 52Wks=x 52 Wks=x 52 Wks=per we	ts/household income) yearly before taxes yearly before taxes yearly before taxes	
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (su Farm or Business Income Unemployment, Worker's C	y at \$/pe to be included: pport by someone not	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To er hour = Weekly To living in the housel	e. Include your desired by the property of the	ourself, dependents, an provided not parent x 52 Wks =x 52Wks=x52 Wks= per we cluded in income: chi	ts/household income) yearly before taxes yearly before taxes yearly before taxes yearly before taxes	
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (surfarm or Business Income Unemployment, Worker's Callimony	y at \$/pe to be included: pport by someone not Comp or Taxable SS Ber	ed by the family incomyour income need by the family income need by the family income need by Tobar hour=Weekly Tobar hour=Weekly Tobar hour in the housel need by the family income need by th	talhold) *Not inc	ourself, dependents, an rovided not parenx 52 Wks =x 52Wks=x52 Wks=per we cluded in income: chints, life insurance pro	ts/household income) yearly before taxes yearly before taxes yearly before taxes yearly before taxes ek/month/year	
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (su Farm or Business Income Unemployment, Worker's C	y at \$/pe to be included: pport by someone not Comp or Taxable SS Ber	ed by the family incomyour income need by the family income need by the family income need by Tobar hour=Weekly Tobar hour=Weekly Tobar hour in the housel need by the family income need by th	talhold) *Not inc	ourself, dependents, an rovided not parenx 52 Wks =x 52Wks=x52 Wks=per we cluded in income: chints, life insurance pro	ts/household income) yearly before taxes yearly before taxes yearly before taxes yearly before taxes	
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (sure Farm or Business Income Unemployment, Worker's Calimony Income from an owned ren Miscellaneous Income to be included: gifts of dividend income, interest rent/royalties, foo	y at \$/pe to be included: pport by someone not Comp or Taxable SS Ber tal property (if you ow over \$15,000, capital gains, t	ed by the family incom your income need er hour = Weekly T d job: er hour=Weekly To er hour = Weekly To living in the housel mefits yn rental property)	talhold) *Not inc paymen gifted r	ourself, dependents, an provided not parent x 52 Wks = x 52 Wks = x 52 Wks = x 52 Wks = per we cluded in income: chirp ants, life insurance promonies, noncash payefits, private pensions, regetts, private pensions, priva	ts/household income) yearly before taxes	S
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (su Farm or Business Income Unemployment, Worker's C Alimony Income from an owned ren Miscellaneous Income to be included: gifts of dividend income, interest rent/royalties, foo from estates or trusts	y at \$/pe to be included: pport by someone not Comp or Taxable SS Ber tal property (if you ow over \$15,000, capital gains, to dd/rent instead of wages, as	ed by the family income your income need or hour = Weekly To a job: er hour=Weekly To er hour=Weekly To er hour = Weekly To a living in the housel heefits on rental property) craining stipends or unious sets drawn as bank with	strike benerative. Include your distribute process of the process	x 52 Wks =x 52 Wks =x 52 Wks =x 52 Wks =x for the sale of head of the sale of	d partners with shared finances.) ts/household income) yearly before taxes yearly before taxes yearly before taxes yearly before taxes ek/month/year ild support, foster care beceeds, inherited, willed or timents such as MA,etc. gular insurance/annuity payments, buse/car/property, periodic receipts	S
hours weekly Partner/Spouse/Parents Income hours weekly hours weekly hours weekly hours weekly Tips or Commission Regular Family Support (sure Farm or Business Income Unemployment, Worker's Calimony Income from an owned ren Miscellaneous Income to be included: gifts of dividend income, interest rent/royalties, foo	y at \$/pe to be included: pport by someone not Comp or Taxable SS Ber tal property (if you ow over \$15,000, capital gains, to dd/rent instead of wages, as	ed by the family income your income need or hour = Weekly To a factor of the family income need or hour = Weekly To a factor of the factor of	stal thold) *Not inc paymen gifted r	ourself, dependents, an provided not parent x 52 Wks = x 52 Wks = x 52 Wks = per we cluded in income: chirats, life insurance promonies, noncash pay efits, private pensions, repoceeds from the sale of hirats d accept full financial	ts/household income) yearly before taxes ek/month/year ild support, foster care occeds, inherited, willed or oments such as MA,etc. gular insurance/annuity payments, ouse/car/property, periodic receipts all responsibility for any costs	S
hours weekly Tips or Commission Regular Family Support (surfarm or Business Income Unemployment, Worker's Calimony Income from an owned ren Miscellaneous Income to be included: gifts of dividend income, interest rent/royalties, foo from estates or trusts FINANCIAL RESPONSIBILITY CONSERTATION of the payment of the p	y at \$/pe to be included: pport by someone not comp or Taxable SS Ber tal property (if you ow over \$15,000, capital gains, to od/rent instead of wages, as: NT: I voluntarily requirents. Payment is requirent of any unpaid balance.	ed by the family income your income need or hour = Weekly To er hour=Weekly To er hour=Weekly To er hour=Weekly To er hour = Weekly To er hour = W	tal thold) *Not incompayment gifted roll and	x 52 Wks =x 52 Wks =x 52 Wks =per we we we will be denied for inability if payment cannot be denied for inability and the sale of him to be denied for inability and the sale of the	ts/household income) yearly before taxes ek/month/year Id support, foster care occeds, inherited, willed or oments such as MA,etc. gular insurance/annuity payments, ouse/car/property, periodic receipts al responsibility for any costs t be made in full we ask that lity to pay. If providing	S
hours weekly Tips or Commission Regular Family Support (su Farm or Business Income Unemployment, Worker's C Alimony Income from an owned ren Miscellaneous Income to be included: gifts of dividend income, interest rent/royalties, foo from estates or trusts FINANCIAL RESPONSIBILITY CONSE	y at \$/pe to be included: pport by someone not comp or Taxable SS Ber tal property (if you ow over \$15,000, capital gains, to od/rent instead of wages, as: NT: I voluntarily requirents. Payment is requirent of any unpaid balance.	ed by the family income your income need or hour = Weekly To er hour=Weekly To er hour=Weekly To er hour=Weekly To er hour = Weekly To er hour = W	tal thold) *Not incompayment gifted roll and	x 52 Wks =x 52 Wks =x 52 Wks =per we we we will be denied for inability if payment cannot be denied for inability and the sale of him to be denied for inability and the sale of the	ts/household income) yearly before taxes ek/month/year Id support, foster care occeds, inherited, willed or oments such as MA,etc. gular insurance/annuity payments, ouse/car/property, periodic receipts al responsibility for any costs t be made in full we ask that lity to pay. If providing	S
hours weekly Tips or Commission Regular Family Support (surfarm or Business Income Unemployment, Worker's Calimony Income from an owned ren Miscellaneous Income to be included: gifts of dividend income, interest rent/royalties, foo from estates or trusts FINANCIAL RESPONSIBILITY CONSERTATION of the payment of the p	y at \$/pe to be included: pport by someone not comp or Taxable SS Ber tal property (if you ow over \$15,000, capital gains, to od/rent instead of wages, as: NT: I voluntarily requirents. Payment is requirent of any unpaid balance.	ed by the family income your income need or hour = Weekly To er hour=Weekly To er hour=Weekly To er hour=Weekly To er hour = Weekly To er hour = W	tal thold) *Not incompayment gifted roll and	x 52 Wks =x 52 Wks =x 52 Wks =per we we we will be denied for inability if payment cannot be denied for inability and the sale of him to be denied for inability and the sale of the	ts/household income) yearly before taxes ek/month/year Id support, foster care occeds, inherited, willed or oments such as MA,etc. gular insurance/annuity payments, ouse/car/property, periodic receipts al responsibility for any costs t be made in full we ask that lity to pay. If providing	S