

UMDHU Family Planning Income Worksheet (4/2024)

Legal Name (First, Middle, Last) _____ **Preferred Name** _____

Date of Birth _____ **Former/Maiden Name** _____

Marital Status: Single Married Living Together Widowed Separated Divorced

Pronouns _____ **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

Unknown Declined to Disclose

Mailing Address _____ **OK to send mail** Yes No

City _____ **State** _____ **Zip** _____

Phone _____ **OK to leave voicemail messages?** Yes No

OK to send text messages? Yes No

Email _____ **OK to email if we cannot reach you by phone?** Yes No

Are you Hispanic, Latino or Spanish origin? Yes No **Primary Language** _____

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:

Confidential Visit?	# in household/Total Income:	Income Code :	Staff Initials:
Yes/No	/	/ %	

Check if you have any of the following: Medicaid (traditional) Medicaid (expansion) Private Health Insurance Medicare Women's Way Government Health Insurance (Military, VA) None

If you are 17 years old or younger and covered under your parents' or guardians' insurance plan: You should know that private insurance companies send out a letter called an explanation of benefits or EOB to the insurance policy holder (your parents or guardians) about the health care services, you receive at the clinic.

If you are 18 years old or older and have private insurance coverage and are not the policy holder: You should know that private insurance companies send out a letter called an explanation of benefits or EOB to the insurance policy holder about the health care services, you receive at the clinic. You may contact your insurance company to request that EOBs be sent to you instead of the policy holder to protect your privacy.

Can we submit to insurance? Yes No

If you marked Yes to submit to insurance, please complete the following:

Name of Primary Insurance		Policy Number	
Name of Policy Holder	Relationship to Policy Holder	Policy Holder Date of Birth	
Name of Secondary Insurance (if applicable)		Policy Number	
Name of Policy Holder	Relationship to Policy Holder	Policy Holder Date of Birth	

TO OPT-OUT OF DISCOUNTS – REVIEW AND SIGN THE STATEMENT BELOW:

I would not like to disclose my household size and/or income information. I understand that by choosing to opt-out I will not be eligible for discounts on my services today, and I will be charged at the full fee. I understand that after I leave the clinic, I cannot apply for discounts for services that have already been provided.

Signature _____ Today's Date _____

Household Size and Income Information: Are you employed? Yes No

If Yes, Name of Employer(s) _____

Household Size: _____ (Number of individuals supported by the family income. Include yourself, dependents, and partners with shared finances.)

Your Income: For minors (if a confidential visit) only your income needs to be provided not parents/household income)

_____ hours weekly at \$ _____ /per hour = Weekly Total _____ x 52 Wks = _____ yearly before taxes

Partner/Spouse/Parents Income/or if you have a 2nd job:

_____ hours weekly at \$ _____ /per hour = Weekly Total _____ x 52 Wks = _____ yearly before taxes

_____ hours weekly at \$ _____ /per hour = Weekly Total _____ x 52 Wks = _____ yearly before taxes

Other Income or Financial Support to be included:

Tips or Commission \$ _____ per week/month/year

Regular Family Support (support by someone not living in the household)

Farm or Business Income

Unemployment, Worker's Comp or Taxable SS Benefits

Alimony

Income from an owned rental property (if you own rental property)

***Not included in income: child support, foster care payments, life insurance proceeds, inherited, willed or gifted monies, noncash payments such as MA, etc.**

Miscellaneous Income to be included: gifts over \$15,000, capital gains, training stipends or union strike benefits, private pensions, regular insurance/annuity payments, dividend income, interest rent/royalties, food/rent instead of wages, assets drawn as bank withdrawals, proceeds from the sale of house/car/property, periodic receipts from estates or trusts

FINANCIAL RESPONSIBILITY CONSENT: I voluntarily request services from UMDHU and accept full financial responsibility for any costs after insurance and applicable discounts.- Payment is requested at the time of your visit, if payment cannot be made in full we ask that you make arrangements for payment of any unpaid balance. Essential services will not be denied for inability to pay. If providing insurance, I authorize UMDHU to release any information necessary to process my claims to be paid directly to UMDHU.

Signature _____ Today's Date _____

