QUESTIONNAIRE FOR PATIENTS WITH NO INCOME

If you presently do not have any income coming into your household, please answer the following:

1. Has anyone in your HOUSEHOLD received income this month such as cash, checks, gifts? \_\_\_Yes \_\_\_No

If so, how much?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you received financial assistance through any of the following community agencies in the past three months?
	1. Multi-County \_\_\_Yes; \_\_\_\_\_\_\_Amount \_\_\_No
	2. Wesley House \_\_\_Yes; \_\_\_\_\_\_\_Amount \_\_\_No
	3. Salvation Army \_\_\_Yes; \_\_\_\_\_\_\_Amount \_\_\_No
	4. DHS/SSI \_\_\_Yes; \_\_\_\_\_\_\_Amount \_\_\_No

If yes, what type of assistance did you receive?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you receive child support? \_\_\_Yes; \_\_\_\_\_\_Amount \_\_\_No
2. How are you paying your monthly bills? This includes rent, light bill, phone, gas, food.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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