

Income & Verification Worksheet

- **Copy of Driver's License or State ID and/or Medicaid ID**
 - **Most Recent Paystubs (need at least 2)**
 - **Most Recent Income Tax Return (last year or two years)**
 - **Bank Statement (last 60 days)**
 - **IRA/Investment Income/401K/Stocks/Bonds or other assets**
 - **Proof of Residence (utility bill, lease, or other)**
 - **Proof of Social Security or Disability Income**
 - **Proof of Unemployment Income**
 - **Proof of TANF, Food Stamps, or other Financial Assistance Income**
 - **Letter of Referral/Support, or Denial of Services (Catholic Charities, Matthew 25, Township, or Other Service agencies)**
 - **Letter of Denial of Benefits (Medicaid, Insurance, or Other)**
 - **Letter of Outstanding circumstance or Medical Expenses**
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For Office Use Only

Monthly Income _____

Annual Income _____

Household Size _____

Total Assets/Savings _____

Sliding Scale Discount Percentage: _____

Volunteer Hours _____

Patient Signature: _____

Date: _____

HearCare Representative: _____

Date: _____