



**St. Agnes Adult Day Services Center  
Participant's Financial Disclosure Form**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Care Giver: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

### Monthly Household Income

Social Security Disability: \_\_\_\_\_ S.S.I. \_\_\_\_\_

Pensions: \_\_\_\_\_ Savings (Total): \_\_\_\_\_

Interest: \_\_\_\_\_

Social Security Disability: \_\_\_\_\_ Stocks & Bonds: \_\_\_\_\_

VA Benefits: \_\_\_\_\_ Wages: \_\_\_\_\_

Workmen's Comp: \_\_\_\_\_ Net Rental Income: \_\_\_\_\_

Railroad: \_\_\_\_\_ Black Lung Benefits: \_\_\_\_\_

Disability Insurance: \_\_\_\_\_ Other Income: \_\_\_\_\_

Deemed Income from Fixed Assets: \_\_\_\_\_ Amount family willing to pay: \_\_\_\_\_

To help prevent depletion of Scholarship Fund

Please attach a copy of the most recent Federal Income Tax return for the Participant & Spouse. If a tax form was not filed then we need a copy of the Social Security benefit.

\_\_\_\_\_  
Signature (Client/Caregiver/POA) \_\_\_\_\_  
Date

#### Office Use Only:

Client Cost Share (Based on above information): \_\_\_\_\_

St. Agnes Scholarship Share: \_\_\_\_\_