

This form is to be filled out **IF** you stated no income on the Sliding Fee Scale Application.

SELF-DECLARATION OF NO INCOME

APPLICANT INFORMATION			
Last Name:	First Name:	Middle Initial:	DOB:

BUDGET INFORMATION			
Monthly Living Expense		Cost/Month	Explain how this expense is paid:
Rent/ Mortgage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Groceries	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Water/Sewage/Trash	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cable/Phone/Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Past Utility Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cell Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car Payment & Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation to Medical Appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prescriptions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical/Dental Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you receive government assistance please list (example: FoodShare, WIC, WHEAP, Medication Assistance, etc.):

Additional comments regarding your Self-Declaration of Income

If you would like assistance completing this form, contact a Resource Coordinator or a Patient Financial Advocate to schedule an appointment.

Ashland: 715-685-2200

Oconto: 920-516-7107

Washburn: 715-373-2233

Hayward: 715-634-2541

Park Falls: 715-762-2950

White Lake: 715-882-2353

Iron River: 715-372-5001

Minong: 715-466-2201

Lakewood: 715-276-6321

Turtle Lake: 715-986-2640

I affirm this information is true to the best of my knowledge and I hereby give NorthLakes Community Clinic permission to verify any of the information above.

(REQUIRED) Signature of Applicant: _____ **Date:** _____