

# West Slope Recovery, Inc., Men's Residential

## Financial Statement

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

### MONTHLY INCOME

Name Employer/Company	Income	Significant Other's Employer	Income
Unemployment Benefits		Retirement / Pension	
Social Security Insurance		SDI	
AFDC/ General Assistance		Veteran's Assistance	
Family Members		Other	

### Money Available

Available Bank Funds		Funds on hand	
Stocks, Bonds		Income Tax Refund	

### Vehicles You Own

(1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Make Model Year Estimated Value

(2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Make Model Year Estimated Value

Is money being provided to this person for treatment? \_\_\_\_\_ Amount \_\_\_\_\_

Who provided the money/where did it come from?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

All resources have been explored, client has no available funding? \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I CERTIFY THE ABOVE IS TRUE AND CORRECT. I DO NOT HAVE THE ABILITY TO PAY FOR MY (\_\_\_\_\_) RECOVERY PROGRAM AT PROGRESS HOUSE; (\_\_\_\_\_) I DO HAVE THE ABILITY TO PAY \$\_\_\_\_\_ PER MONTH FOR MY RECOVERY PROGRAM AT PROGRESS HOUSE.

Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT LOG # \_\_\_\_\_