

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

### MONTHLY INCOME

Name Employer/Company	Income	Significant Other's Employer	Income
	\$0000.00		\$0000.00
Unemployment Benefits	\$0000.00	Retirement / Pension	\$0000.00
Social Security Insurance	\$0000.00	SDI	\$0000.00
AFDC / General Assistance	\$0000.00	Veteran's Assistance	\$0000.00
Family Members	\$0000.00	Other	\$0000.00

### Money Available

Available Bank Funds	\$0000.00	Funds on hand	\$0000.00
Stocks, Bonds	\$0000.00	Income Tax Refund	\$0000.00

### Vehicles You Own

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
\_\_\_\_\_

Make Model Year Estimated Value

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
\_\_\_\_\_

Make Model Year Estimated Value

Is money being provided to this person for treatment ? \_\_\_\_ Amount \$ 0000.00

Who provided the money/where did it come from?

Name \_\_\_\_\_ Relation  
ship \_\_\_\_\_

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 # \_\_\_\_\_