

## Financial Eligibility Screening Questionnaire

Do you currently live in Rhode Island?	Yes	No
Are you a U.S. citizen or lawfully admitted alien?	Yes	No
Do you have children under the age of 19?	Yes	No
Is anyone in your household pregnant?	Yes	No
Please list monthly income amounts below: <ul style="list-style-type: none"> <li>• Gross Wages/ Self Employed Amount</li> <li>• SSI/Disability Amount</li> <li>• From All Other Sources</li> </ul> _____ _____ _____	\$ _____  \$ _____  \$ _____ \$ _____ \$ _____	
How many people live in your household? (Include self)		
How much do the members of your household have in the following types of resources, such as: <ul style="list-style-type: none"> <li>• Cash</li> <li>• Savings Account</li> <li>• Checking Account</li> <li>• Other (CDs, Stocks, Bonds, Mutual Funds, IRA)</li> </ul>	\$ _____  \$ _____  \$ _____  \$ _____	
Do you own any real property in which you do not live?	Yes	No
Are you at least 65 years old, blind, or disabled?	Yes	No
If yes, are you married and living with your spouse?	Yes	No

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print