Exhibit C

Womankind Declaration of Income

Name:_____ SSN: _ _ _ - _ _ - _ _ _ _ Date of Birth: _ _ / _ _ / _ _ _ _

Age:_____ Marital Status:_____ Gender:_____ ***Do you need this visit to be confidential**: _____

Address:_____

Phone (H)_____ (W)_____ (C)_____

Race: (please check)

__Alaskan Native/American Indian __Asian __Black/African American __Multi-Racial __Native Hawaiian/Pacific Islander __White __ Other

Ethnicity: (please check)

__Hispanic/Latino __Non Hispanic Latino

If you do not wish to disclose your income, please initial here: _____

Place of Employment:_____ Occupation:_____

Gross pay:_____ Daily Weekly Bi-weekly Semi-Monthly Monthly Yearly (circle one)

List any unearned income below:

Worker's Comp: $_____ Child Support: $_____ Alimony:$_____

Unemployment: $_____Social Security: $_____ Disability: $_____

Self Employment:$_____ Other: $_____

List any household *family members that live with you and their Monthly Income:

Full Name	DOB	Relationship	Place of Employment	Monthly Income

**"Family" means one or more persons living in one dwelling place who are related by blood, marriage, law or conception.*

The information I have given on this form is true to the best of my knowledge. I know that if I give false information on purpose I may be subject to prosecution for fraud. It is also understood that the information on this form may be verified by the Monroe County Health Department.

_____ _____

Client Signature Date

Exhibit C

Date_____ **Clients Name**

Calculation of the gross family income shall be based on all income earned or received during the most recent 30 days or 12 month average. Calculation of income provided should be determined as annual income: Monthly = gross pay x 12; Semi-monthly = gross pay x 2 x 12; Bi-weekly = gross pay x 2.15 x 12; Weekly = gross pay x 4.3 x 12. MCHD allows for an annual standard deduction of $1,080 per household wage earner.

Income verified?	Gross Annual income:_____ less ____ x $1,080.00 = _____^
Type of verification: pay stub tax return W-2 employer letter	Sliding Fee Scale Amount _____%

^This amount can be divided by the appropriate amount in column A of the most recent Family Planning Program Sliding Fee Scale to arrive at the specific Federal Poverty Level.

Percent of Poverty	<=100%	101% - 129%	130% - 159%	160% - 189%	190% - 219%	220% - 250%	251+%
Percent of full fee	No fee	17%	33%	50%	67%	83%	100%

Based on the information provided today, we have determined that you comply with the required eligibility requirements to receive allowable services from the Department of Health, Monroe County Health Department (MCHD). Allowable services will be verified by the MCHD, and are based on availability, accessibility, funding and program qualifications for the Title X Family Planning program.

Your eligibility status for receiving allowable services from the Title X Family Planning program will be valid for 12 months from the date of this correspondence once verified by MCHD. You must have a new determination for eligibility no later than the expiration date provided below in order to continue services. You must advise the originating eligibility staff when there are changes which affect your eligibility status.

Your signature below acknowledges your understanding of the following:

- I have received a copy and verbal explanation of this notice.
- I understand the Title X Family Planning services I will be receiving are paid for by the Monroe County Health Department according to the Federal Poverty Guidelines below.

If patient has insurance coverage that does not pay for Family Planning Services, please collect information below:
Insurance Company: _____ Policy Holder (name): _____
Policy/group #: _____

Policy Holder (address): _____

Policy Holder (date of birth): _ _ / _ _ / _ _ _ _ Coverage Start Date: _ _ / _ _ / _ _ _ _ Coverage End Date: _ _ / _ _ / _ _ _ _

Client signature: _____ Date:_____

Eligibility staff signature: _____ Date:_____

Re-determination Date Due No Later Than	
Eligibility Staff Name	Phone
	305-294-4004
Address	
Womankind, Inc. 1511 Truman Avenue, Key West, Florida 33040	