



**FINANCIAL DISCLOSURE**

**CONFIDENTIAL:** This is confidential information to be used to determine fees. If not completed, the full fee will be charged.

Participant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

<b>CASH ASSETS:</b>	Value	Financial Institution	Account #	<b>NON-CASH ASSETS:</b>	Value
Checking	_____	_____	_____	Real Estate	_____
Saving	_____	_____	_____	Business Interests/Investments	_____
Money Market	_____	_____	_____	Motor Vehicles	_____
Certificate of Dep.	_____	_____	_____	Other (Specify) _____	_____
Stocks/Bonds	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____
_____					
TOTAL: _____				TOTAL: _____	

**A. MONTHLY HOUSEHOLD INCOME**

	Participant	Household Members
Salary/Wages	_____	_____
Interest	_____	_____
Pension	_____	_____
Social Security	_____	_____
SSI	_____	_____
Trust	_____	_____
Annuities	_____	_____
Dividend/Stock/Bond	_____	_____
Contributions from Relatives	_____	_____
Other Income (List)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL INCOME (A)	_____	

**B. MONTHLY HOUSEHOLD EXPENSES**

Rent/Mortgage	_____
Utilities	_____
Property Tax	_____
Food	_____
Clothing	_____
Transportation	_____
Insurance	_____
Uncovered Medical Expenses	_____
Household Maintenance	_____
Debts	_____
Other Expenses (List)	_____
_____	_____
_____	_____
TOTAL EXPENSES (B)	_____

(A) \_\_\_\_\_ - (B) \_\_\_\_\_ = \_\_\_\_\_ MONTHLY DISPOSABLE INCOME

I certify the above information is correct and understand that my fee will be based on this data. I understand that I am responsible for informing Keystone Adult Day Program in writing of any changes in this information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Staff Person