



Family Size and Household Income

Date: _____

Patient Name: _____ Date of Birth: _____

(Please choose that which applies to you)

Family Size:	Household Annual Income:
1	<10,000
2	10,000-19,999
3	20,000-29,999
4	30,000-39,999
5	40,000-49,999
6	50,000-59,999
_____	60,000 +

Family size and Household Annual Income is reported to:

- 1.) Comply with regulatory requirements
- 2.) Identify measures and trends overtime
- 3.) Reward effective programs and services
- 4.) Support quality improvement at our health center

I DECLINE TO PROVIDE INFORMATION FOR ASSESSING INCOME AND FAMILY SIZE

Patient Signature/Guardian Signature

Date: