

UNDER 18 YEARS OF AGE ONLY

(PARENT(S) PERMISSION IS NOT REQUIRED, SERVICES ARE CONFIDENTIAL)

ARE YOUR PARENT(S) AWARE OF YOUR APPOINTMENT YES___ OR NO___

- IF YES, PLEASE PROVIDE YOUR PARENT(S) INCOME INFORMATION
- IF NO, PLEASE PROVIDE YOUR OWN INCOME INFORMATION

MONTHLY INCOME (BEFORE TAXES)? \$ _____

HOW MANY PEOPLE LIVE ON THIS INCOME, INCLUDING YOU? _____

19 YEARS AND OLDER

ARE YOU EMPLOYED? YES _____ NO _____ WHERE? _____

HOW MUCH MONEY DO YOU MAKE EACH MONTH (BEFORE TAXES)? \$ _____

IS YOUR SPOUSE OR *SIGNIFICANT OTHER* EMPLOYED? _____ WHERE? _____

HOW MUCH MONEY DOES YOUR SPOUSE OR *SIGNIFICANT OTHER* MAKE EACH MONTH (BEFORE TAXES)?

\$ _____

PLEASE LIST MONEY RECEIVED FROM OTHER SOURCES (PARENTS, WELFARE, CHILD SUPPORT, ETC.)

\$ _____

TOTAL GROSS MONTHLY INCOME

\$ _____

INCLUDING YOU ,HOW MANY PEOPLE LIVE ON THIS INCOME ? _____

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

***IF YOU ARE UNDER 18 – PLEASE LIST YOUR PARENT OR GUARDIAN**

An emergency would be severe bleeding, unconsciousness, accident, or a condition requiring ambulance transport or hospitalization. Family Planning services **DO NOT** require parental permission; however, in an emergency situation, if you are under 18 years of age, we will notify a parent or guardian. Please be advised, if you are under 18 years of age, that through our attempts to notify you of your results, a parent may become aware of your circumstances. Otherwise, no information about your care will be given to anyone without your knowledge and permission except as required by law.

EMERGENCY CONTACT _____ RELATIONSHIP _____

STREET ADDRESS _____ APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

PLACE OF EMPLOYMENT _____

HOME PHONE: _____ WORK PHONE _____ MESSAGE PHONE _____

Signature of Client _____ Date _____

Signature of Witness _____ Date _____