



Loyola Clinical Centers

Your Name: _____ (please print)
Last First MI

Relationship to Client (check one): Self Parent Guardian Other (specify) _____

Client Name: _____ (please print)
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____
 Cell Work Other _____

The Loyola Clinical Centers' fees vary depending on the service(s) provided. If you are unable to pay the full fee, you may apply for an adjustment. In order to maintain the Clinic, we expect you to pay as much of the full fee as you can. This form and the adjusted fees may be revised and/or reviewed at any time as necessary. For clients between the ages of 0-18, the discount will be based on the parent/guardian's income. For clients between the ages of 18-24, the discount will also be based on the parent/guardian's income, unless the client provides documentation that he/she is not claimed as a dependent/exemption on another person's Federal income taxes.

Financial Resources for the Year:

The financial information you give below should reflect all of your current annual income sources.

Please provide proof of income (last 30 days of stubs/bank statements/Tax returns/etc.)

Unusual Living Expenses:

Typical living expenses (e.g. rent/car payments) have been taken into account in our fee schedule. Please list any unusual expenses on a per year basis.

Please provide bills/statements for unusual expenses.

Your Current Annual Income	\$	Annual Contribution toward Tuition	\$
Spouse's Current Annual Income	\$	Annual Daycare	\$
Annual Alimony Received	\$	Annual Alimony Paid	\$
Annual Child Support Received	\$	Annual Child Support Paid	\$
Annual Social Security Benefits	\$	Unusual Medical Expenses	\$
Other Income	\$	Other (please specify)	\$
Total Annual Income	\$	Total Unusual Living Expenses	\$

Marital Status: _____ Employment: Full Part Unemployed Student

of Dependent Children: _____ # of Children in Daycare: _____ # of Children in College: _____

The information I have given is to the best of my knowledge complete and accurate.

Signature: _____ Date: _____

Office Use Only

Percent Discount: _____ Division: _____ Date Approved: _____ Initials: _____