

THE ROUND TABLE: CHILDREN'S MENTAL HEALTH ASSOCIATION

Income Application

Family Information

Child's Name: _____ DOB: _____ Age: _____

Biological Dad: _____ D.O.B.: __/__/__ Biological Mom: _____ D.O.B.: __/__/__

Parental status: Never Married Married Separated Divorced Widowed

Phone Number: _(____)_____ Email: _____

Address: _____

City: _____ State: _____ Zipcode: _____

How many individuals live in the household: _____

Who is filling out the application: _____

Are you the primary care giver for the child? YES or NO

If no, please explain custody _____

What is your reason for coming today? _____

Please check the services that you or your child would be participating in:

Individual Counseling

Group Counseling

Parent Education

Food for Mood Classes

Mental Health Fitness

Other: _____



Financial Information

Please complete the following information for all members of the household. Be as accurate as possible. **You will be required to provide proof of your income. (Income taxes from previous year, 3 months of checking and savings account statements, paystubs, social security benefits statement, unemployment benefits statement, letter from your employer, etc.) if you choose not to provide the financial information, you will be required to pay the full cost of services provided.** Income will be verified on a yearly basis. We do have the right to verify income at any time.

What is your total household income? (Please circle one)

\$0 - \$50,000
 \$50,000 - \$75,000
 \$75,000- \$100,000
 \$100,000 or more

Name	Relationship	Age	Monthly Income	Employer

Please check and list the amount received from all sources of income:

- Property
 Pensions
 Social Security
 Public Assistance
- Interest
 Retirement
 Self-Employment
 Unemployment
- Veteran’s Benefits
 Worker’s Compensation
 Total Other Income: _____

Authorization:

The proceeding information is to the best of my knowledge. I request The Round Table to use my information for assistance of the services the cover. I will update The Round Table if my income changes. If my income changes or I no longer qualify I am responsible for the full amount for services. This may be turned over to collections if I don't reimburse the agency.

Signature _____ Date _____

For more information visit our website at: <https://www.theroundtablend.org/>