



KEYSTONE

ADULT DAY PROGRAM

FINANCIAL DISCLOSURE

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

Participant: _____ Social Security #: _____

| CASH ASSETS: | | | NON-CASH ASSETS: | |
|---------------------|-----------------------|-----------|--------------------------------|-------|
| Value | Financial Institution | Account # | | 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 | Legal Guardian |
|------------------------------|-------------|----------------|
| 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

What is the financial need requested per day? _____

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