



Income Statement for Persons Paid in Cash

Cook County Health is here to support our community and patients by providing supplementary health insurance coverage when needed. We care for all patients, regardless of their race or immigration status. In order to provide appropriate assistance, we need to evaluate your financial situation. Please provide how much money you are paid from work to help us determine if you qualify for Carelink financial assistance program. Please fill in all the blanks.

Name: _____ Job Description: _____.

Please check one of the statements below to describe how often you are paid.

___ I get paid every day I work

___ I get paid once a month

___ I get paid every week I work

___ I get paid when the work for the season is done

___ I get paid every other week

___ Other

___ I get paid twice a month

If Other, please explain I get paid _____

When was your last pay day? _____ (please provide a date)

How much were you paid? \$ _____

How much were you paid in the last three (3) months? \$ _____

Monthly Breakdown:

Month	Amount Paid
_____	_____
_____	_____
_____	_____