

# NATIONAL KIDNEY FOUNDATION OF ARIZONA

**Confidential**

360 East Coronado Road, Suite 180; Phoenix, Arizona 85004; (602) 840-1644; FAX (602) 845-7968

Patient's Last Name	First	Middle	Date of Birth	Spouse's First Name	Date of Birth
Mailing Address			How Long	Phone	
City	State		Zip		
Family Members (Living at Home)		Date of Birth	Relationship	Employed by	Student
1					
2					
3					
4					
5					
6					
<input type="checkbox"/> Rent	Landlord (name/address)				
<input type="checkbox"/> Own	Leinholder (name/address)				

**Monthly Household Expenses**

Rent or Mortgage	\$ _____
Food	\$ _____
Utilities	
Phone	\$ _____
Gas	\$ _____
Electric	\$ _____
Water	\$ _____
Auto	
Payment	\$ _____
Gas & Oil	\$ _____
Insurance	\$ _____
Repairs	\$ _____
Medical	
Doctor	\$ _____
Hospital	\$ _____
Medicines	\$ _____
Insurance	
Life	\$ _____
Medical	\$ _____
Credit/Charge Card payments	\$ _____
Other monthly payments (list)	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

**Monthly Household Income**

(Include all family members in home)

	Patient	Spouse	Other
Employment (Net)	\$ _____	\$ _____	\$ _____
Social Security Disability	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
ADC	\$ _____	\$ _____	\$ _____
Food stamps	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Subtotal each column	\$ _____	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME (Add 3 columns):</b>			<b>\$ _____</b>

Health insurance information:

AHCCCS \_\_\_\_\_  
 Expiration date : \_\_\_\_\_  
 VA Coverage :  yes  no

Bank: Checking balance	Assets \$ _____	Household is less than 400% Federal Poverty Level*
Savings balance	\$ _____	
Home: (Assessed value)	\$ _____	Yes / No
Auto: year _____ make _____		See below*
Lienholder _____	Approximate value \$ _____	
Other property i.e., stocks bonds, real estate, etc.	\$ _____	

**Unit Representative**

Patient signature _____	Signature _____
Unit _____	Please print name _____
Date _____	Position _____

*Household size (number living there)	1	2	3	4	5	6	7	8
400% 2022 Federal Poverty Guidelines	\$54,360	\$73,240	\$92,120	\$111,000	\$129,880	\$148,760	\$167,640	\$186,520

Optional: Demographic information is often required to obtain grants that help fund our patient programs.

Check one:  White  Black  Asian  American Indian  Hispanic  Other

Revised: June 2022