

**Client Financial Statement:** \_\_\_ Port Jervis  
\_\_\_ Child & Family

Today's Date: \_\_\_\_\_

**Client Demographics**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Residence: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Responsible Party Name:**                      **Gross Pay**                      **Responsible Party Employer:**

Client \_\_\_\_\_

Parent \_\_\_\_\_

Legal \_\_\_\_\_

Guardian: \_\_\_\_\_

**OFFICE USE ONLY**

|                                       |           |
|---------------------------------------|-----------|
| Co-Pay/Fee \$ _____                   |           |
| Primary Insurance Co. _____           | ID# _____ |
| Secondary Insurance Co. _____         | ID# _____ |
| Managed Care Auth: Yes _____ No _____ |           |
| Counselor: _____                      |           |

I have participated in the preparation of this Financial Statement. I certify that the above is a true and accurate statement of my/our income to be used for the purpose of establishing a fee for service.

**Signature (Client/Parent/Legal Guardian):**

\_\_\_\_\_