

**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 _____ N/A _____	
Counselor: _____	Intake Date: _____

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):**

\_\_\_\_\_