

FINANCIAL SURVEY: RON YOST PERSONAL ASSISTANCE SERVICES

Name: _____

ANNUAL INCOME

Wages (salaries, tips, commissions, fees)	\$ _____
Workers' Compensation	\$ _____
Unemployment Compensation	\$ _____
Pension (Miners)	\$ _____
SSDI	\$ _____
SSI	\$ _____
Alimony	\$ _____
Other (specify)	\$ _____
TOTAL ANNUAL INCOME	\$ _____

ANNUAL DEDUCTIONS

Dependents	\$ _____
Medication	\$ _____
Medical Supplies	\$ _____
Adaptive Clothing	\$ _____
Disability Related Equipment	\$ _____
TOTAL DEDUCTIONS	\$ _____
ADJUSTED ANNUAL INCOME	\$ _____

STATEMENT OF APPLICATION

I, the undersigned, do hereby apply for Personal Assistance Services and certify that all information I have given/shall give pursuant to this application is/shall be true, correct and complete to the best of my knowledge. I have received and reviewed the explanation provided thereon of the Personal Assistance Services program and of my responsibilities and rights, including the criteria of eligibility, the right to due process, the right to nondiscrimination, and confidentiality.

Applicant's Signature

Date

(If Applicable) Signature of Parent/Guardian/Power of Attorney

Date