

## Sunflower Adult Day Services Request For Reduced Fees

Date: \_\_\_\_\_ Request Submitted By: \_\_\_\_\_

**Reduced Fees Requested For (list person(s) who will attend Sunflower Adult Day Services):**

Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_ Social Security #(s) \_\_\_\_\_ # Persons In Household \_\_\_\_\_

**Person Responsible for Paying Fees:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Financial Statement for Person(s) Who Will Attend Sunflower Adult Day Services:**

<b>Monthly Household Income:</b>	
Source	Amount
Employment/Job	_____
Social Security	_____
Disability	_____
Retirement/Pension	_____
Veteran Pension	_____
Income from Property	_____
Net Farm Income	_____
Interest/Dividends	_____
Other (describe):	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Assets (\$ Value):</b>	
Item	Amount
Savings/CDs	_____
Investments	_____
Property-Residence	_____
Property-Other	_____
Other Assets:	_____
_____	_____
_____	_____
<b>Liabilities/Debts (\$ Value):</b>	
Item	Amount Owed
Credit Cards	_____
Line of Credit	_____
Mortgage-Residence	_____
Other Debts:	_____
_____	_____
_____	_____

Please add any relevant comments or explanations on the back of this form.

I, the undersigned, verify the above statements to be true to the best of my knowledge. I understand that I may be asked to provide copies of personal financial documents that confirm the accuracy of this request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail, fax or deliver completed request for reduced fees to:  
Sunflower Adult Day Services, 401 W. Iron, Salina, KS 67401 Phone: 785-823-6666 Fax: 785-833-2329