



COLON HEALTH CENTERS
OF AMERICA
Virtual • Convenient • Life-saving

Financial Application Colon Screening Stimulus

Name: _____

Date of Birth: _____

Household size: _____ persons

Total household income in 2009: _____

(Please be prepared to show 2-page IRS Form 1040 from 2008 or 2009.)

Current employment status (check one and then answer questions below selection):

| () Employed | () Unemployed |
|---|---|
| Position: | Date of last employment: |
| Organization: | Position: |
| Annual Salary: | Organization: |
| Health Insurance: () Yes () No | Annual Salary: |
| If yes, is there a screening benefit: () Yes () No () Don't know | |
| Is another household member employed? () Yes () No If yes, answer below: | Is another household member employed? () Yes () No If yes, answer below: |
| Position: | Position: |
| Organization: | Organization: |
| Annual Salary: | Annual Salary: |
| Health Insurance: () Yes () No | Health Insurance: () Yes () No |
| If yes, is there a screening benefit: () Yes () No () Don't know | If yes, is there a screening benefit: () Yes () No () Don't know |

Signature: _____

Date: _____