CONFIDENTIAL



Family Financial Profile (2014)

The Arizona Burn Foundation has an opportunity to requalify each year for a public funding program that will raise a substantial amount of money for our Family Support Services programs. In order to qualify, each year we must be able to show the income levels of the families we serve. Please help us continue to offer the Airzona Children's Burn Camp, Forever Courage House and all our programs by completing this brief questionnaire. Your personal financial information will be used only to establish our eligibility for available funding and will be kept confidential. Thank you for your cooperation and assistance.

1.					
1.	First and last name of head of household			Telephone #	
	Address	City		State	Zip Code
2.					
	ame of burn or trauma patient / survivor			Patient Date of Birth	
	Address (if different than head of household address)	City		State	Zip Code
3.	Number of family members living in your home				
4.	Are you a resident of Arizona?		Yes	□No	
5.	oes your family receive medical coverage through AHCCCS?		Yes	□No	
6.	Does your family receive any other form of government	assistance?	Yes	□No	
7.	Annual total household income (please check the appropriate box)				
	Less than \$17,505 \$29,686 to	nan \$17,505		\$47,956 to \$54,045	
	☐ \$17,506 to \$23,595 ☐ \$35,776 to	\$35,776 to \$41,865		\$54,046 to \$60,135	
	\$23,596 to \$29,685 \$41,866 to	\$41,866 to \$47,955		More than \$60,135	
8.	/hat is your racial ethnicity? (please check the appropriate box)			_	
	☐ Caucasian ☐ Hispanic	African American		Asian	
	Native American, Tribe:		Other:		
	Signature of head of household				Today's date
For Office Use Only:					
Type of assistance provided (circle all that apply)					
	Financial Assistance - list type and amount			\$	
	Forever Courage House				
	Children's Burn Camp				
	Education Scholarship				
	G	SL Account	CC1	/ CC2	. / CC3