

# WAVERLY HEALTH

— C E N T E R —

## Addendum to Financial Assistance Application

**Applicant Name:** \_\_\_\_\_

**Please list all dependents and check the correct boxes for each.**

Legal Name	Birth Date	Relationship to Applicant	Resides with you more than 50% of the year	Claimed on Income Taxes?	College student?
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Stepchild <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No