



Together ... we can make a difference!

Gonino Wellness Group

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CLINIC INCOME VERIFICATION WORKSHEET

The Gonino Wellness Group (GWG) Counseling Service rates are: \$80 for intake interview; \$80 for individual, couples and family therapy hours; and \$35 for group therapy. If you would like to apply for an adjusted sliding scale rate, please complete this income verification form and submit it to the **GWG Office Manager**. Please allow 7-10 business working days for approval.

A. Patient Information

Last Name First Name MI Social Security #

Address (include apt. no.) Date of Birth

City State Zip Phone Numbers (include area code)

B. Family Information

Complete section B with information about the person(s) you support. Indicate a stay-at-home spouse (if married) and your children if they receive more than half of their support from you even if you do not claim them on your income tax return. Include other persons only if they now live with and receive more than half of their support from you and will continue to receive this support.

Full Name	Age	Relationship to Patient
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

C. Financial Information

Complete section C with information about the person(s) residing in your home. Include all head of household earnings, and earnings of dependents listed in Section B. Use previous year's income tax return information.

- 1. Head of Household W-2 earnings \$ _____
- 2. Untaxable Income (child support, social security, welfare (including TANF)) \$ _____
- 3. Dependent W-2 earnings \$ _____

D. Signature

By signing this worksheet, I certify that all the information reported on it is complete and correct. If married, spouse's signature is required.

Patient Signature _____ Date _____

Spouse Signature _____ Date _____