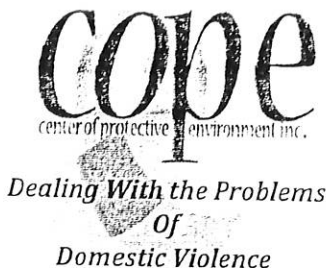


909 South Florida Ave.
Alamogordo, NM 88310
Office: (575) 434-3622
FAX: (575) 434-3530
Crisis Hotline: 1-575-437-COPE (2673)
copedv.org



1204 Mechem Drive, Suite #12
Ruidoso, NM 88345
Office: (575) 258-4946
Fax: (575) 258-4949
Toll Free Crisis Hotline:
1-866-350 COPE (2673)

FINANCIAL DETERMINATION

DATE: _____

CLIENT NAME: _____

INCOME: _____ FAMILY SIZE: ____ (how many people did you claim on your tax return)

Client refuses to answer information regarding income and family size

IS YOUR FAMILY RECEIVING ANY OF THE SOCIAL SERVICES LISTED BELOW? PLEASE CHECK ALL SERVICES THAT YOU ARE CURRENTLY RECEIVING:

- | | |
|---|--|
| TANF <input type="checkbox"/> | SOCIAL SECURITY RETIREMENT <input type="checkbox"/> |
| FOOD STAMPS <input type="checkbox"/> | SUPPLEMENT SECURITY INCOME <input type="checkbox"/> |
| MEDICAID FOR CHILDREN <input type="checkbox"/> | TITLE XXI <input type="checkbox"/> |
| MEDICAID -PRESUMPTIVE <input type="checkbox"/> | IF YOU HAVE 0 INCOME AND DO NOT
RECEIVE ANY SOCIAL SERVICES LISTED ABOVE.
PLEASE WRITE DOWN YOUR MEANS OF
SUPPORT HERE: _____ |
| MEDICAID REGULAR <input type="checkbox"/> | |
| SOCIAL SECURITY DISABILITY <input type="checkbox"/> | |

ALL PERSONS ENROLLED IN THE DOMESTIC VIOLENCE OFFENDER TREATMENT AND INTERVENTION PROGRAM WILL BE REQUIRED TO PAY \$10.00 PRIOR TO ENTERING EACH INDIVIDUAL OR GROUP SESSION.

I CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Client /Parent Signature

Date

INFORMATION BELOW FOR AGENCY USE ONLY

- | | |
|--|--|
| VICTIM SERVICES <input type="checkbox"/> | OFFENDER SERVICES/ \$10.00 FEE <input type="checkbox"/> |
| CHILD VICTIM/WITNESS SERVICES <input type="checkbox"/> | OFFENDER SERVICES/ COMMUNITY SERVICES |
| | APPROVED BY DIRECTOR <input type="checkbox"/> DATE APPROVED: _____ |

Staff Signature

