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Logan County Department of Public Health

**Private Pay Patient Questionnaire**  
**FOR DENTAL SERVICES**

**Household proof of income will be required at your first appointment and may be required annually by presenting two most recent pay stubs or an income tax return.**

1. How many people are in the household? \_\_\_\_\_
2. How many people in the household are employed? \_\_\_\_\_
3. Do other members of the household contribute to expenses in the home? \_\_\_\_\_
4. What is the annual income for the household? \_\_\_\_\_
5. Do you receive child support, or any other supplemental income? \_\_\_\_\_  
If so how much? \_\_\_\_\_
6. Do you qualify for the LINK card? \_\_\_\_\_

**By signing this form I am confirming that I have provided accurate proof of income.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_