



**AITKIN COUNTY HEALTH & HUMAN SERVICES**

204 First Street NW  
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200  
Fax: 218-927-7210/7293

**RULE 25 CD ASSESSMENT SLIDING FEE SCHEDULE  
INCOME ELIGIBILITY FORM  
(Total Household Income)**

<b>Kind of Income</b>	<b>Client</b>	<b>Others in Household</b>	<b>Monthly Gross</b>
<b>Amount</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Gross Wages or Salary			
NET Income from Self-employment			
NET Farm Income			
Social Security			
Dividends-Interest-Rental-Royalties			
MFIP/MSA/General Assistance			
Pensions & Annuities			
Unemployment Compensation			
Worker's Compensation			
Alimony and/or Child Support			
Veteran's Pensions			
Other			
<b>TOTAL HOUSEHOLD INCOME</b>			

Total Number of People in Household	
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Client Signature		Date	
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Client Social Security Number	
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"This institution is an equal opportunity provider."