



JUVENILE REHABILITATION ADMINISTRATION (JRA)
Financial Information Statement (FIS)

NAME OF YOUTH
JRA NUMBER

I. PERSONAL DATA (PLEASE PRINT)

PARENT'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	RELATIONSHIP TO YOUTH
PRESENT MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Single			TELEPHONE NUMBER (INCLUDE AREA CODE) () ()	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME AND ADDRESS OF EMPLOYER		CITY	STATE	ZIP CODE
SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER	RELATIONSHIP TO YOUTH
NAME AND ADDRESS OF SPOUSE'S EMPLOYER		CITY	STATE	ZIP CODE

- Do you receive or are you approved for adoption support for this child? Yes No
- Were you, your spouse, your child or your spouse's child a victim of the youth's crime? Yes No

II. DEPENDENTS (PLEASE PRINT)

Total number of persons in your household you could claim as a dependent on your federal income tax (do not include juvenile offender):

List the people in your household that you support:

NAME	AGE	RELATIONSHIP

III. INCOME

- Do you pay current child support or alimony? Yes No If yes, how much: \$ _____
- Do you receive child support or alimony? Yes No If yes, how much: \$ _____

MONTHLY INCOME FROM ALL SOURCES		
YOUR GROSS SALARY	OTHER INCOME	SPOUSE'S GROSS SALARY
\$ _____	\$ _____	\$ _____

OTHER MONTHLY INCOME (PENSIONS, RETIRED PAY, SOCIAL SECURITY, VETERANS BENEFITS, TRUST FUNDS, UNEMPLOYMENT, L&I, ETC.)		
TYPE OF INCOME	AMOUNT	NAME OF PERSON WHO RECEIVES THE INCOME
	\$ _____	
	\$ _____	
	\$ _____	

The statements I have given are true, complete, and correct to the best of my knowledge. I understand that DSHS may verify my statements.	SIGNATURE	DATE