



WWW.TULIPTREEHEALTH.ORG
123 N. MCCREARY STREET
FT. BRANCH, IN 47648
PHONE: 812-753-1039
FAX: 812-753-1122

For everyone that lives in your household, please bring the following:

Last year's Federal tax return including all attachments (not just the W-2)

Last 2 – 3 paycheck stubs

Unemployment benefits statement

Statement of Social Security benefits

Statement of all pension benefits

Current Food Stamps benefits letter or statement from the Food Stamp office

Statement from the Clerk's office of last year's child support paid or received

Statement of any other form of income coming into your household

Picture ID of each adult person to become a patient

If you are a full time student, bring a copy of your current schedule