



Statement of Income

Due to the nature of my work, I do not receive a paycheck as proof of my income.

I, _____ am attesting that my income is as follows: \$ _____ per _____.
I am currently working as a _____.

I, _____ am attesting that I am not working and have no income at this time.
My daily source of living is noted below. *(If this statement applies, proceed to Statement of Support).*

Statement of Support

I am currently living with friends, relatives or others that are providing me with food, shelter and other necessities (below). I do not have funds available to pay for these services.

I do not have a place to stay and provided with food from the local social agencies (below). I do not have funds available to pay for these services.

I am a temporary resident at this shelter (below) and they are providing me with food and shelter. I do not have funds available to pay for these services.

This section to be completed by family, friend, or agency that is helping the patient.

Name: _____ Relationship to Patient: _____

Address: _____

Phone Number: _____

I am not responsible for any medical and/or dental bills incurred by this patient.

Signature of family, friend, or agency: _____

I am declaring that the information provided above and attested to, by my signing below, is a true accounting of my present status.

Signature of Patient

Date

Signature of Health Center Representative