

Unable to Verify Income

Only one form is necessary per household

Promise Healthcare

I, _____ (patient name), am currently residing
at _____ (address).

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Are you a U.S. veteran? Yes No

Within the last 24 months, have you worked or are you the dependent of someone who has worked in agriculture, either on a farm or in an agricultural based industry? Yes No

If yes, which applies?

Migrant
(establishes temporary residence in area)

Year-Round Employment
(permanent residence in area)

Seasonal Permanent Resident
(permanent resident in area)

Type of Housing (check one)

Rent or own home

Homeless Shelter

Doubled Up (live with another person or family unit)

Transitional (live place to place)

Street

Other

I am currently unemployed and receive no income or SNAP benefits. I am unable to provide documentation regarding my income or eligibility due to (please check all that apply):

____ I am currently unemployed and have no other income.

____ I am over 18 years of age and financially supported by family or friends.

I receive _____ dollars per _____ in living expenses from family, friends or other support program. Should my financial situation change during the course of my treatment, I will share the appropriate documentation with Promise staff.

I certify that the information on this form is complete and accurate. I understand that providing incorrect information is fraud and could potentially culminate in a lawsuit based on common law fraud.

Print Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Patient Signature/Parent or Guardian if minor: _____ Date: _____

Promise Healthcare Internal Use Only:

Total Income _____

Patient Name: _____

Number in Household: _____

Staff Signature: _____

Date: _____