

## STATEMENT OF LIMITED INCOME

If a patient states that there is zero income in his/her household, a clinic interviewer must document the patient's statement of how basic needs are met. This includes how food, rent, transportation and other bills are paid. This information is to be written below by the interviewer and read back to the patient. The patient must sign the statement at the bottom, declaring that this information is accurate. Please note if there is someone who can verify this situation, and their telephone number.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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I, \_\_\_\_\_, DO HEREBY ATTEST TO THE FACT THAT

\_\_\_\_\_ THERE IS NO INCOME PRESENTLY BEING RECEIVED BY ANY MEMBER OF MY HOUSEHOLD

\_\_\_\_\_ I HAVE NO INCOME BECAUSE I CANNOT FIND WORK RIGHT NOW

\_\_\_\_\_ I HAVE NO INCOME BECAUSE I AM APPLYING FOR DISABILITY

\_\_\_\_\_ I WORK SEASONALLY OR WHEN WORK IS AVAILABLE.

MY USUAL MONTHLY INCOME IS \$\_\_\_\_\_

I FURTHER ATTEST THAT I HAVE READ THE ABOVE WRITTEN INFORMATION AND KNOW IT TO BE TRUE.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Date