



INCOME STATEMENT

I (Patient's Name), _____, hereby certify by my signature that my estimated monthly gross household income currently is \$_____.

LETTER OF SUPPORT

I, _____, hereby certify that I live at following address _____
_____ and that I provide (Patient's Name) _____ with food and shelter and this person does not have a job at the present time.

RESIDENCY DECLARATION

I (Patient's Name), _____, hereby certify that I am a Duval County resident and reside at _____.

I swear that the information I have provided above is true and correct.

Signature of Patient

Date

Signature of Provider (In case Letter of support)

Date

Sworn and subscribed before me this day ____ of _____ 20__.

Notary Signature



YOU MUST HAVE THIS FORM NOTARIZED IN ORDER TO PREVENT A DELAY IN THE PROCESSING OF YOUR REFERRALS.