



Healthy Connections

Community Health Network

NO INCOME VERIFICATION STATEMENT

I, _____ hereby state that I am currently unemployed. I do not receive any income from any source including Social Security, disability or any other public assistance from the State Department of Human Services for myself or dependent household members. Non-relatives, such as housemates, are not included.

I have no income at this time. If I do start receiving income from any source, I will bring proof of income back to Healthy Connections, Inc. so my sliding fee verification can be adjusted. If you do not fully disclose accurate income, asset and family size information, you are immediately subject to legal proceedings for fraud. By signing this no income statement I understand it provides HCI permission to access the Internal Revenue Service for the latest federal income tax return. I understand that misleading or false statements will prevent me from participating in this program and may be terminated as a Healthy Connections, Inc. patient..

If applicable, see attachment(s) for request of income tax information.

Patient Signature

Date

Financial Counselor Signature

Date