



This statement is to acknowledge that I, _____
am notifying, whom it may concern, that I **am not** currently receiving, any
income from any outside public, or employment resources.

I am also stating, that I am currently receiving assistance from either
family, friends, or acquaintances. A written statement from the source
can be provided upon request to verify this.

**I understand that I may be asked to furnish this written statement upon
request from the Financial Assistance Office.**

Staff / Written Signature: _____

Patient Signature: _____

Patient Date of Birth: _____

Today's Date: _____