

JEFFERSON COMPREHENSIVE HEALTH CENTER, INC.

225 Community Drive
P. O. Box 98
Fayette, MS 39069

TELEPHONE (601) 786-3471
786-3475
786-3476
786-3477
FAX NO: (601) 786-9980
786-6320

Verification of No Income

This is to certify that I, _____, have no income from any source. I further verify that I do not receive food stamps from the Department of Human Services. If my status changes in any manner, I agree to report it to Jefferson Comprehensive Health Center, Inc. within five (5) working days.

This form expires December 31, of the year signed or if income status changes (whichever comes first).

Patient Signature

Staff Witness

Date