

VERIFICATION OF NASSAU COUNTY INCOME

Income will be verified when the patient or patient's family has provided evidence of compliance from Column B. Check all that apply and provide copies of supporting documentation for each item checked.

COLUMN-B Income

- One month of check stubs verifying client's income.
- Letter from employer stating clients hourly rate of pay and hours worked per week, signed by employer and notarized.
- Documented assistance for unemployment or workers compensation.
- Copy of court ordered child support or alimony.
- Previous year Income Tax Return; year of _____.
- Notarized letter from person providing financial support (Residency and Income Affidavit will need to be done if this one is checked off).
- Documented assistance letter from County Agency for Food Stamps or Aid for Families with Dependent Children (AFDC).
- Copy of Medicaid Denial letter.

Client's Signature: _____ Date: _____

I hereby certify that the necessary forms of evidence for compliance from the above list have been provided on this ____ day of _____, 20____.

Nassau CHD Representative

Signature: _____ Date: _____

I have reviewed the 2nd page with the client and the client states they receive no income from the sources listed. _____ (Nassau CHD Employee Initials)