

SELF ATTESTATION WITH NO INCOME

Adapt Integrated Health Care (Adapt) allows for patients to self-attest if they are currently unemployed and or do not receive income at the time of service. Please fill out the information below to support this Self-Attestation. Failure to answer these questions may result in your application being denied.

1. How long have you been unemployed and/or been without any income?

2. What is your current employment status?

| | |
|-------------------------------|-------------------------------|
| _____ Looking for Work | _____ Applying for Disability |
| _____ Temporarily Laid Off | _____ Full-time Student |
| _____ Other (Please Explain): | |

3. Do you receive benefits or assistance with living expenses for any of the following? (Check all that apply)

| | | |
|-------------------------------|-------------------------------|--------------------------|
| _____ Rent/Housing | _____ Energy Assistance | _____ SNAP (Food Stamps) |
| _____ Unemployment | _____ Friends/Family | _____ TANF |
| _____ Churches | _____ Nonprofit Organizations | _____ Child Support |
| _____ Student Loans | _____ Shelters | |
| _____ Other (Please Explain): | | |

4. If you do not receive assistance from any of the above, how are you paying for basic living expenses? (e.g. rent, utilities, food, clothing etc.)

I, _____, attest that I currently have no income to report at this time of service for care at Adapt. I further understand that should my economic situation change; I am solely responsible to report that upon my next visit. All information I provided within this application, including my self-attestation statement is truthful, correct and is subject to confirmation by Adapt. Any false statement or perceived attempt to deceive may result in a denial for sliding fee benefits and any patient balance will be my responsibility.

Signed: _____ **Date:** _____