



FAMILY
Health

No Proof Form

Proof of information is required for many programs; therefore, applicants must show proof of identification, residence (address), and/or income.

Please Read the following statement before completing this form:

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in cash payment to Family Health in the value of the product/service improperly received.

1. Completion of this form is for (circle appropriate proof(s)):

Income Address Identification (ID)

2. Reason for no proof:

3. For identifying proof of no income, how do you maintain daily living expenses:

Applicant: _____
(Signature)

(Date)

Staff: _____
(Signature)

(Date)