

ASSISTANCE VERIFICATION FORM

PATIENT NAME _____

I, _____, attest that I do not dwell in the same household as the above named person. I provide financial assistance to this person as noted below.

Housing/shelter _____ Amount _____

Food _____ Amount _____

Clothing _____ Amount _____

Gas/Transportation _____ Amount _____

Money for Bills _____ Amount _____

All Other (Explain & Provide Amounts) _____

I, the undersigned, declare the information I have provided is true and complete to best of my knowledge and belief.

Date: _____
(Signature of Person Providing Assistance)

North Carolina, _____ County

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the assistance form.

Witness my hand and official seal, this _____ day of _____ 20_____.

(official seal)

Notary Public

My commission expires: _____