

EMPLOYMENT VERIFICATION STATEMENT

PENALTY CLAUSE, CONFIRMATION STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided to complete this application is true. Additionally, I understand that in accordance with statute 817.50, providing false information to defraud a hospital for the purpose of obtaining goods and services, including pharmacy items, is a misdemeanor in the second degree.

MR# _____

EMPLOYMENT – Please complete the section that applies to you.

UNEMPLOYED

I, _____, certify that I am unemployed.

Last date of employment: _____ / _____ OR I have never been employed.
Month Year

SELF-EMPLOYED

I, _____, certify that I am self-employed.

Describe the work you do: _____

Self-Employed with no income documentation *(Complete this only if you are paid in cash or if you do not receive checks to document your income.)*

- I am providing a letter from my employer.
- I am providing *IRS Schedule C (form 1040) – Profit or Loss from Business.*
- I am providing my work calendar with amount(s) paid.
- I am unable to obtain any of the above documents. **Explain why:** _____

List your income for last four weeks:

(1) \$	(2) \$	(3) \$	(4) \$
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Patient/Representative Signature

Patient/Representative Printed Name

Date

Signature/ if needed for other family unit member

Printed Name

Date

JHS Representative Signature

JHS Representative Printed Name

Date Form Received