

## 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