

# Self-Declaration Form

Self-declaration may only be used in special circumstances. Patients who are unable to provide written verification must provide a signed statement of income, and why (s) he is unable to provide independent verification.

Patient Name: \_\_\_\_\_MR# \_\_\_\_\_

I certify that my current total household income is \$ \_\_\_\_\_  
and that I have no means of providing proof of such income with the sources required under ACH  
Sliding Fee Discount Policy for the following reason:

----------------------

My current total number of household members is \_\_\_\_\_

Name:	Relationship	Age

Patient Signature: \_\_\_\_\_Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_Title: \_\_\_\_\_