

JPS Health Network
Verification of Assistance and Residency for
JPS Connection Program

This form only needs to be completed if the applicant is being supported by another individual.

I, _____ verify that _____
Name of person providing assistance Applicant's full name
Patient's MR# _____ and/or Social Security # _____
lives at _____
Applicant Address City/Zip Code

Financial Assistance: I provide financial assistance to the applicant. Yes No

This individual is claimed as a dependent on my most recent filed income tax return. Yes No

Does the applicant have a job? _____ If yes, provide employer name _____

Does the applicant have another income source? _____ If yes, how much _____

I provide applicant with the following: Food Personal items Transportation

Cash/Check \$ _____ per Week or Month Other _____

Do you pay rent or other bills for this applicant? _____ If yes, how much and how often? _____

Residency Assistance:

- The applicant resides at my Tarrant County residence.
- They do not pay me rent.
- They pay _____ to help toward the rent and utilities.

How long has the applicant lived at your Tarrant County residence? _____

Does the applicant have another residence? _____ If yes, where _____

Documentation Attached for Person Providing the Assistance:

- Provide picture identification (example - Drivers License)
- Provide proof of residence (example - utility bill, lease agreement or ownership documentation)

Relationship to Patient: _____

I certify that the above information is true and correct. "I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under federal law and/or state law. Everything on this application is the truth as best I know it."

Signature - Person providing assistance: _____
Address, City, State, Zip: _____
Phone Number: _____
Date signed: _____

THIS FORM MUST BE SIGNED AND NOTARIZED.

State of Texas County of _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Notary Public's Signature (Personalized Seal)