

DAVIS BEHAVIORAL HEALTH, INC.

INCOME AFFIDAVIT

I, _____ do hereby swear that my current monthly income is as follows:

SOURCE OF SUPPORT (MONTHLY):

Wages/Salary	\$ _____
Public Assistance	\$ _____
Social Security	\$ _____
Retirement/Pension	\$ _____
Disability/Work Comp	\$ _____
Family/Friends	\$ _____
Other: _____	\$ _____

TOTAL MONTHLY FAMILY INCOME: \$ _____

If during the course of my involvement with Davis Behavioral Health, INC. (DBH) my financial position changes, I will immediately notify DBH.

I affirm that the information I have given DBH is true and accurate to the best of my knowledge. I understand that any false information provided by me may result in prosecution for fraud in obtaining Mental Health Services.

CLAIM OF NO INCOME

I, _____ do hereby swear that neither me, nor my spouse are receiving any income from any source and I/We have no family income.

If during the course of my involvement with Davis behavioral Health, INC (DBH) I receive any income, I will immediately notify DBH of the change in my financial position.

I affirm that the information I have given DBH is true and accurate to the best of my knowledge. I understand that any false information provided by me may result in prosecution for fraud in obtaining Mental Health Services.

Fee per service: \$ _____ **Client initials** _____

Signature of client or fiscally responsible agent _____ Date: _____

Signature of Witness _____ Date: _____

For staff use only:

Documents attached circle all that apply:

Payroll Check Stubs
Federal Tax Returns- form 1040

Affidavit Only

Verified Full Third Party Coverage
Self-Employed
No income
Other: _____