

ATTESTATION OF INDIGENCY

1. I am the patient. My name is: _____
 My date of birth is: _____
 I am not the patient.

2. I take care of the patient. The patient's name is: _____.
 a. My relationship to the patient is: parent grandparent guardian
 Other: _____
 b. The patient's date of birth is: _____

3. I am over 18 years of age. OR I am an emancipated minor.

4. I am competent to make this attestation.

5. My current or projected **annual** income, or the patient's current or projected **annual** household income, is at or below 200% of federal poverty guidelines. [Find the household size, then look at the annual income directly below that number. If the annual income is less than or equal to that annual income, then check that box.]

Household size	1	2	3	4	5	6	7+
Annual Income	<input type="checkbox"/> \$25,764	<input type="checkbox"/> \$34,848	<input type="checkbox"/> \$43,920	<input type="checkbox"/> \$53,004	<input type="checkbox"/> \$62,088	<input type="checkbox"/> \$71,160	<input type="checkbox"/> * _____

6. I don't know the patient's or my annual income. My **monthly** income, or the patient's **monthly** household income, is at or below 200% of federal poverty guidelines. [Find the household size, then look at the monthly income directly below that number. If the monthly income is less than or equal to that monthly income, then check that box.]

Household size	1	2	3	4	5	6	7+
Monthly Income	<input type="checkbox"/> \$2,147	<input type="checkbox"/> \$2,904	<input type="checkbox"/> \$3,660	<input type="checkbox"/> \$4,417	<input type="checkbox"/> \$5,174	<input type="checkbox"/> \$5,930	<input type="checkbox"/> * _____

7. I attest that the information that I am providing for myself, or the patient, is true and correct. I understand that I am providing this information so that my medical provider will not sue me or engage in collection actions against me.

(Signature of Patient or Parent/Legal Guardian)

(Date)

(Printed Name of Patient or Parent/Legal Guardian)

Address: _____

*For family units of more than 7, add these amounts for each additional household member:
\$4,540/year if using Annual Levels; \$757/month if using Monthly Levels.