

OUTREACH HEALTH SERVICES, INC.

130 North High Street
P.O. Box 527
Shubuta, MS 39360

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687-1557
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687-1259

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Department of Human Services

Quitman, MS 39360

RE: _____

This above-mentioned patient receives services at this facility. In order to properly serve this patient, we need to know if he/she receives any of the following?

FOOD STAMPS \$ _____

TANF \$ _____

OTHER INCOME \$ _____

Client's Signature _____

Client's Social Security Number _____

Thanks,

Sabrina Howze
CEO

Department of Human Services Representative

Date: _____