

OUTREACH HEALTH SERVICES, INC.

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

TELEPHONE: (601) 687-1391
687-1542
687-1557
687-1259
FAX NUMBER: (601) 687-0051
687-5408

Verification of No Income

This is to certify that I, _____, have no income from any source. I further verify that I do not receive food stamps from the Department of Human Services. If my status changes in any manner, I agree to report it to Outreach Health Services, Inc. within five (5) working days.

This form expires December 31, of the year signed or if income status changes (whichever comes first).

Patient Signature

Staff Witness

Date