



Income Statement for Persons Paid in Cash

PLEASE NOTE: THIS DOCUMENT MUST BE **NOTARIZED**

Cook County Health is here to support our community and patients by providing supplementary health insurance coverage when needed. We care for all patients, regardless of their race or immigration status. In order to provide appropriate assistance, we need to evaluate your financial situation. Please provide how much money you are paid from work to help us determine if you qualify for Carelink financial assistance program. Please fill in all the blanks and notarize this form.

Name: _____ Job Description: _____.

Please check one of the statements below to describe how often you are paid.

- I get paid every day I work
 - I get paid every week I work
 - I get paid every other week
 - I get paid twice a month
 - I get paid once a month
 - I get paid when the work for the season is done
 - Other
- If Other, please explain I get paid _____

When was your last pay day? _____ (please provide a date)

How much were you paid? \$_____

How much were you paid in the last three (3) months? \$_____

Monthly Breakdown:

Month	Amount Paid
_____	_____
_____	_____
_____	_____

Notary Seal

Notary Public Signature _____
Date