

**JPS Health Network**  
**Verification of Assistance and Residency for**  
**JPS Connection Program**

**This form only needs to be completed if the applicant is being supported by another individual.**

I, \_\_\_\_\_ verify that \_\_\_\_\_  
Name of person providing assistance Applicant's full name  
Patient's MR# \_\_\_\_\_ and/or Social Security # \_\_\_\_\_  
lives at \_\_\_\_\_  
Applicant Address City/Zip Code

**Financial Assistance: I provide financial assistance to the applicant. Yes No**

This individual is claimed as a dependent on my most recent filed income tax return. Yes No

Does the applicant have a job? \_\_\_\_\_ If yes, provide employer name \_\_\_\_\_

Does the applicant have another income source? \_\_\_\_\_ If yes, how much \_\_\_\_\_

I provide applicant with the following:  Food  Personal items  Transportation

Cash/Check \$ \_\_\_\_\_ per Week or Month  Other \_\_\_\_\_

Do you pay rent or other bills for this applicant? \_\_\_\_\_ If yes, how much and how often? \_\_\_\_\_

**Residency Assistance:**

- The applicant resides at my Tarrant County residence.
- They do not pay me rent.
- They pay \_\_\_\_\_ to help toward the rent and utilities.

How long has the applicant lived at your Tarrant County residence? \_\_\_\_\_

Does the applicant have another residence? \_\_\_\_\_ If yes, where \_\_\_\_\_

**Documentation Attached for Person Providing the Assistance:**

- Provide picture identification (example - Drivers License)
- Provide proof of residence (example - utility bill, lease agreement or ownership documentation)

Relationship to Patient: \_\_\_\_\_

**I certify that the above information is true and correct.** "I understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth in the completion of this application is committing a crime which can be punished under federal law and/or state law. Everything on this application is the truth as best I know it."

Signature - Person providing assistance: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date signed: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND NOTARIZED.**

State of Texas County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

\_\_\_\_\_  
Notary Public's Signature (Personalized Seal)