



KSFHP Self-Declaration Form Employment and Income

Patient Information	
Client's Name:	Client's D.O.B:
Address:	Phone Number:
<p>Declaration of Employment: <i>This section is to be filled out and signed by the employed individual</i></p> <p>I _____ declare that my principal employment is or was in agriculture and that presently: <input type="checkbox"/> I am working <input type="checkbox"/> I am not working</p> <p>Employer Name: _____</p> <p>Employer Address: _____</p> <p>Declaration of Income and Family size:</p> <p>I declare that my household <input type="checkbox"/> <i>weekly</i> <input type="checkbox"/> <i>biweekly</i> <input type="checkbox"/> <i>monthly</i> <input type="checkbox"/> <i>annual</i> income was \$_____. I also certify that a total of _____ people (including spouse, children, parents, grandparents, etc.) are supported by this income.</p> <p>I certify that the information that I provided is correct and I authorize Kansas Statewide Farmworker Health Program to use it. I understand that this information will be used to determine my eligibility for a Sliding Scale Discount for health services.</p> <p>Applicant Signature: _____ Date: _____</p> <p>Comments:</p>	