

ATTACHMENT B

**PURCHASED/REFERRED CARE
VERIFICATION OF RESIDENCY**

NOTARIZED STATEMENT FROM PATIENT:

I started living with _____ on _____. My current address is _____ in _____ County. I plan to continue living with this party and understand I must update my eligibility if I change residences. Attached is a utility bill (gas or electric) or lease agreement that documents the physical address of the party in whom I am residing with. Under perjury of law, I am stating that the above information is true and correct.

(Print Patient Name)

(Signature of Patient)

(Date)

NOTARIZED STATEMENT FROM TENANT:

Under perjury of law, I certify that the address reflected on the utility bill (gas or electric) or lease is my physical address and that above information is true and correct.

(Print Tenant Name)

(Signature of Tenant)

(Date)

****Note that the date of signature for the patient, tenant & notary must match & be in the presence of the notary****

NOTARY SEAL:

(Print Notary Name)

(Signature of Notary)

(Notary Number Expiration & Date)

Attested before me on _____
(Date)