STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Family Health Administration

Russell W. Moy, M.D., M.P.H., Director – Joan H. Salim, Deputy Director

Maryland Cancer Fund- Patient Statement Certifying No Income

I, _____, state that:

I am not employed at this time and receive no unemployment compensation, support, or income of any kind. I live with my _____ (parents, friend, relative, etc.) and receive only room and board.

I receive (check all that apply):

Yes ☐ No ☐ Food Stamps

Yes ☐ No ☐ Cash Assistance/Temporary Cash Assistance/TEMA

Yes ☐ No ☐ Housing Allowance (voucher)

_____ _____
(Patient Signature) (Date)

Notary Acknowledgement
STATE OF MARYLAND)
) SS
_____)

On _____, before me, the undersigned, a Notary Public in and for said County/City and State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same.

Subscribed and sworn to before me this _____ day of _____, 20____.

Witness my hand and official Seal.

_____
Notary Public in and for said
County/City and State

Notary Public: _____
Date: _____
My commission expires on _____