

Medicaid Number: \_\_\_\_\_  
Client Name: \_\_\_\_\_

Record Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**INCOME VERIFICATION**

Please review Reportable and Non-Reportable sources of income shown on the back of the previous form as defined by the State of North Carolina prior to signing below.

I, \_\_\_\_\_ do acknowledge that I have **zero household income to report to DAYMARK**. I understand that I am to report any income changes immediately to DAYMARK, and that my account will be changed retroactively to the date when the income changed based on the DAYMARK sliding fee scale.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature & Relationship

\_\_\_\_\_  
Date

**CASH ONLY EARNINGS VERIFICATION FORM**

I, \_\_\_\_\_, do acknowledge that I receive cash only income of \$\_\_\_\_\_ to report to DAYMARK Recovery Services. I do not receive any type of tangible proof of income, as I am paid on a Cash only basis for the following types of work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I need to report any sizeable income changes immediately to DAYMARK, and that my account will be changed retroactively to the date when the income changed based on the DAYMARK sliding fee scale.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature & Relationship

\_\_\_\_\_  
Date

\*To reference "How to Define Family Income Form", please visit:  
<http://intranet/Shared%20Documents/Financial%20Record/How%20to%20Define%20Annual%20Family%20Income%20.docx> .

Clients may also request a copy of this form at any time\*