

JEFFERSON COUNTY
PUBLIC HEALTH DEPARTMENT



MANAGEMENT VERIFICATION

DATE: _____

_____ has applied for services through the Jefferson County Public Health Department. To determine eligibility for this program, an explanation of management for the household **MUST** be verified. Please complete the statements below to verify management for this applicant. Thank you.

PERSON ASSISTING APPLICANT _____

ADDRESS _____ TELEPHONE _____

LIVING ARRANGEMENTS - PLEASE check **ONLY** the boxes that apply to your situation.

I **AM** related to the applicant listed above - I am his/her _____

I **AM NOT** related to the applicant listed above - I am _____

Applicant has lived with me since _____ and I am responsible for **ALL** the household expenses.

I am a witness that the above listed applicant has no permanent residence.

Applicant listed above **DOES NOT** live with me. However, I do assume responsibility for the items checked below.

Rent Utilities Food Personal Items Vehicle tags, inspections, maintenance, etc.

I provide a cash contribution as follows:

\$ _____ per month \$ _____ per week

I provide _____

I certify that the above listed applicant lives in the family homestead of _____

I have assisted previously with _____

_____ from _____ to _____
and I will continue to do so until he / she can manage on their own.

Beginning _____, I will no longer be able to assist with _____

**THE FOLLOWING STATEMENTS MUST BE COMPLETED BY ALL PERSONS ASSISTING THE APPLICANT.
I HEREBY STATE THAT I HAVE PERSONAL KNOWLEDGE OF THE FOLLOWING: (CHOOSE ALL THAT APPLY)**

The above applicant last worked _____ (month / year)

INITIAL

The above applicant has no source of income other than what I provide.

INITIAL

The above applicant is working and earns \$ _____ hrly and works about _____ hrs per week.

INITIAL

"All above statements made are TRUE AND CORRECT to the best of my knowledge".

Signature _____ Date _____