Wyoming Department of Health | PUBLIC HEALTH DIVISION | RURAL AND FRONTIER HEALTH

WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

CLIENT INCOME CERTIFICATION &

DECLARATION OF ZERO HOUSEHOLD INCOME

Notice of Privacy Practices:

You have the right to a copy of the Notice of Privacy Practices, which describes how WDH may use and disclose your protected health information. A copy of this notice is available upon request and can be found on the Wyoming Department of Health website at https://health.wyo.gov/admin/privacy/notice-privacy-practices/.

Select One

Income Certification:

☐ Income for all household members over the age of 18 has been provided.

List all incomes from snapshot, 1/line

Declaration of Zero Household Income:

☐ The household has had no source of income.

I have been able to maintain my basic necessities by: _____

_____

The information I have provided in my application for services is true, accurate, and complete to the best of my knowledge. I certify that a full account of all household income for at least the last 30 days and any appropriate income documents have been provided. I understand that providing false, incomplete, or misleading information may disqualify me from receiving services. I also understand that I must alert the agency to changes in my employment and income status and that any such changes may affect my eligibility for CSBG services.

_____ _____

Client Signature Date