



Division of Public Health Services
Office of the Assistant Director
Public Health Preparedness Services

150 North 18th Avenue, Suite 110
Phoenix, AZ 85007-3233
(602) 364-3610
(602) 364-3263 Fax

JANICE K. BREWER, GOVERNOR
WILL HUMBLE, INTERIM DIRECTOR

PROOF OF SUPPORT OTHER THAN INCOME OR SAVINGS

I, _____, confirm that I am supporting myself in the following manner:

_____ I receive money that varies for which I receive no pay stub whatsoever. My employer may provide cash payments to me for the work that I do. My average monthly earnings are

\$ _____ and my usual occupation is _____.

_____ I am homeless and living on the streets or in a shelter.

_____ I am receiving assistance from family or friends. (Please attach a letter from the family member or friend to support this statement.)

_____ Other _____

I certify that all statements made herein regarding my support are true and accurate. I certify that I am or my child or ward is not covered by any health insurance plan that would provide the support for which I am or my child or ward is applying.

Client Signature

Date

I certify that the above information is true to the best of my knowledge and belief.

Case Manager/Health Care Provider Witness

Date

Return To:
Office of HIV, STD, Hepatitis C Services
AIDS Drug Assistance Program (ADAP)
150 North 18th Avenue, Suite 110
Phoenix, AZ 85007-3233
(602) 364-3610 / (800) 334-1540
Fax: (602) 364-3263