



RURAL HEALTH, Inc.

We specialize in you

Rural Health, Inc.
Anna Medical Clinic/
Administration
513 North Main
Anna IL 62906-1668
618-833-4471

Self Declaration of No Income Form

Rural Health, Inc.
Dongola Medical Clinic
318 U.S. Highway 51 North
POB 277
Dongola IL 62926-0277
618-827-3545
Fax 618-827-4891

I, (applicant) _____, do hereby declare under penalty of perjury that I am currently unemployed and not receiving income from any source, including; unemployment, disability, SSI, pension, other household or family income.

Rural Health, Inc.
Goreville Medical Clinic
400 S. Broadway
Goreville, IL 62939-2444
618-995-1002
Fax 618-995-1133

I declare that the information stated above is true to the best of my knowledge and I understand that any misrepresentation may be grounds for termination of my or family/household sliding fee discount.

Rural Health, Inc.
Metropolis Medical Clinic
1003 E. 5th Street
Metropolis, IL 62960-2311
618-524-7499

I agree that if my income status changes in any way, I will notify Rural Health, Inc. immediately at which time I will be required to complete a new sliding fee discount application and provide evidence of my household income.

Rural Health, Inc.
Vienna Medical Clinic
803 North 1st Street
Vienna IL 62995-1544
618-658-2811
Fax 618-658-2439

Applicant Signature

Date

www.ruralhealthinc.org

Rural Health, Inc Personnel

Reviewed by: _____

Date: _____