



# **RURAL HEALTH, Inc.**

*We specialize in you*

Rural Health, Inc.  
Anna Medical Clinic/  
Administration  
513 North Main  
Anna IL 62906-1668  
P: 618-833-4471  
F: 618-833-4900

Rural Health, Inc.  
Dongola Medical Clinic  
318 U.S. Highway 51 North  
Dongola IL 62926-0277  
P: 618-827-3545  
F: 618-827-2300

Rural Health, Inc.  
Goreville Medical Clinic  
211 N. Broadway  
Goreville, IL 62939-2323  
P: 618-995-1002  
F: 618-995-0204

Rural Health, Inc.  
Metropolis Medical Clinic  
1003 E. 5<sup>th</sup> Street  
Metropolis, IL 62960-2311  
P: 618-524-7499  
F: 618-524-4560

Rural Health, Inc.  
Vienna Medical Clinic  
803 North 1<sup>st</sup> Street  
Vienna IL 62995-1544  
P: 618-658-2811  
F: 618-771-8300

[www.ruralhealthinc.org](http://www.ruralhealthinc.org)

## **Self-Declaration of No Income Form**

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.

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.

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Rural Health, Inc. Personnel

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_