



Statement of Self-Employment Income

This form is used to apply for health care assistance through the Primary Health Care Services Program, the Title V Fee-for-Service Program and/or the Epilepsy Program.

Case Name	Case No.
Name of Person with Self-Employment Income:	Number of Months Covered by this Income Statement:
Describe what Person Did to Earn this Money:	

List Business Expenses and Income						
Date	Expenses	Amount		Date	Income	Amount
Total Expenses				Total Income		
Enter Expenses and Subtract				Net Self-Employment Income		

The above information is true, correct, and complete to the best of my knowledge. I understand that giving false information to the provider could result in my being disqualified for fraud.

Signature of Person Helping to Complete Form, if applicable Applicant/Authorized Representative Signature Date