



NOTARIZED FOOD, SHELTER AND/OR MONETARY VERIFICATION FORM

I, _____ who reside at:
(Print Name of Individual PROVIDING Assistance)

(Street Number and Name) (Apt #) (City) (State) (Zip Code)

declare that I have provided the following (Please Check all that Applies)

___ FOOD ___ FOOD AND SHELTER ___ SHELTER

And I have provided this at /AND

___ NO CHARGE and/or ___ I GIVE \$ _____ PER MONTH/ or ___
and/or ___ I CHARGE \$ _____ PER MONTH
and/or ___ RENT BEHIND SINCE _____

Beginning date: _____ Ending date: _____
(Do not notate an end date if assistance is ongoing)

For _____ who resides at:
(Print Name of Individual RECEIVING Assistance)

(Street Number and Name) (Apt #) (City) (State) (Zip Code)

Relative to Patient ___ yes ___ no X _____
Signature of Individual PROVIDING assistance

STATE OF _____, COUNTY OF _____.

The foregoing instrument was acknowledged before me this _____ by (date)

_____, who is personally known to me or who has produced
(Print Name of Individual PROVIDING Assistance)

_____ and expiration date _____ of identification.
(Form of Identification)

and took an oath attesting that the above information is true, exact and complete, and that to the best of their knowledge the
information they have provided is not false or fictitious whatsoever.

Notary Signature

Seal/Stamp:

NOTICE OF FLORIDA HOSPITAL FRAUD LAW

- (1) Whoever shall, willfully and with intent to defraud, obtains or attempts to obtain goods, products, merchandise or services from any hospital in this state shall be guilty of a misdemeanor of the second degree, punishable as provided in 775.082 or 775.083.
(2) If any person shall give to any hospital in this state a false or fictitious name, a false or fictitious address, any other false or fictitious information required to be obtained by such hospital in compliance with 382.31 et seq., or shall assign to any hospital the proceeds of any insurance contract, then knowing that such contract is no longer in force or is invalid or is void for any reason, any such action shall be prima facie evidence of the intent of such a person to defraud such hospital. VIOLATION of Florida Statute 817.50 is punishable by imprisonment not exceeding sixty (60) days or fine not in excess of \$500.00, or both, as may be provided by law upon conviction.

*THIS DOCUMENT MUST BE COMPLETED AND NOTARIZED WITHIN** 7 DAYS OF THE SCHEDULED FINANCIAL EVALUATION APPOINTMENT.