

Medicaid Number: _____

DOB: _____

Client: _____

Record Number: _____

CASH ONLY EARNINGS VERIFICATION FORM

I, _____, do acknowledge that I receive cash only income of \$_____ to report to DAYMARK Recovery Services. I do not receive any type of tangible proof of income, as I am paid on a Cash only basis for the following types of work:

I understand that I am to report any income changes immediately to DAYMARK, and that my account will be changed retroactively to the date when the income changed based on the DAYMARK sliding fee scale.

Client Signature

Date

Parent/Guardian Signature & Relationship

Date