



Verification of Assistance Form

Please contact the contracted NTBHA clinic for more information.

Please have this form signed by the person with whom you live with.

- Does consumer live with you? Yes No **(please select)**
If YES, please provide your address in which you and member reside:

If NO, please provide an address where member is residing:

- I attest, that this person has been living at the above address since _____ (month/year).
- I attest, that I have known _____ for the last _____ (years/months).
- Do they pay rent? Yes No **(please select)**
 - If yes, how much? \$ _____

- I attest, that this person is:
 _____ Employed at _____ and receives _____ every _____.
 _____ Un-employed and that _____ provides him/her with all the necessities including food and shelter.

Additional Comments:

I understand that by the signing of this letter, my responses may be verified by North Texas Behavioral Health Authority (NTBHA) Eligibility Department.

Providing false and/or misrepresented information in response to any question on this application or any document submitted with this application could result in penalties including, but not limited to, loss of benefits. It may also be subject to Federal and/or State prosecution.

Your Name: _____ **(Please Print)**

Relationships to member: _____

Signature: _____

Date Signed: _____ **Telephone:** _____

Address: _____
