Attestation of No Photos ID and/or Physical Address

I, _____ am _____'s
(person verifying patient information – print name) (patient's name – print name)

_____.
(relationship to patient)

NO PHOTO ID (check if no photo ID)

_____I attest to patient's identity. He/She does not have a photo ID.

ADDRESS VERIFICATION

I have checked and indicated below their current street address or housing situation.

_____ He/She resides at the following address:

_____

_____

Patient has not had an opportunity to change their address or receive any mail at this location and is unable to provide any other documentation verifying proof of residence.

Or_____to the best of my knowledge, patient is currently homeless or has no permanent address.

_____ _____
(Your Signature) (Date)

Or_____ Patient has no one over 18 to vouch for their identify or current living situation:

_____ _____
(Patient Advocate/Case Manager) (Date)