



**ATTESTATION OF NO PHOTO ID AND/OR PHYSICAL ADDRESS**

I, \_\_\_\_\_ am \_\_\_\_\_'s  
(person verifying patient information -print name) (patient's name printed here)

\_\_\_\_\_  
(relationship to the patient)

\*\*\*\*\*

**NO PHOTO ID** (check if no photo ID)

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

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**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 age 18 to vouch for their identity or current living situation:

\_\_\_\_\_  
(Patient Advocate/Case Manager)

\_\_\_\_\_  
(Date)