



Attestation of Physical Address /Patient Identification

I, _____ am _____'s
(your name printed here) (patient's name printed here)

(relationship to the patient)

ADDRESS

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

_____He/She resides at the following address:

He/She has not yet had an opportunity to change their address or receive any mail at this location, and therefore are unable to provide any other documentation verifying proof of residence.

OR

_____To the best of my knowledge, he/she is currently homeless or has no permanent address.

IDENTIFICATION (check if no photo ID)

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

Your Printed Name

Your Signature

Date