



Living Water Community Clinic

32345 Constitution Highway, Suite P, Locust Grove, VA 22508

Phone: 540-854-5922 Fax: 540-854-5924

STATEMENT OF ZERO INCOME

MUST BE UPDATED EVERY 3 MONTHS

CAN ONLY BE USED WHEN THE PATIENT DOES NOT HAVE INCOME OF ANY TYPE.

Patient Information:

Printed Name: _____ DOB: ____/____/____

My name is _____; I have zero income.
Please accept this as verification of my income. I attest that the information that
I provide is true and accurate. Thank you.

Patient Signature: _____

Date: ____/____/____

Screener Instructions:

[] Completed Letter of Support **MUST** accompany this form.

STAFF SIGNATURE