



ZERO INCOME STATEMENT

I, _____ certify that my household has received zero income in the last 30 days.

Signed _____

Date _____

DECLARACIÓN DE CERO INGRESOS

Yo, _____ Certifico que mi hogar ha recibido cero ingresos en los últimos 30 días.

Firma _____

Fecha _____

The Medical Access Program serves the healthcare needs of eligible residents in Travis County and is funded by Central Health



CENTRAL HEALTH