

Health Net  of Cabarrus County  
**Cabarrus HealthNet and MedAssist Application**

**Zero Income Form**

I, \_\_\_\_\_ confirm I am not working and do not have income for support. I am able to receive mail at the following address (which is listed on my application): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Letter of Support**

I am providing support for \_\_\_\_\_ in the following fashion:  
(Print Patient's Name)

Check only one of the three boxes below:

- Lives with me at the address below and receives free room and board
- Lives with me and shares expenses. My contribution to expenses is indicated below
- Does not live with me but I provide support as indicated below

I provide cash and other funding in the approximate amounts indicated below. Enter an approximate dollar amounts for each item and check whether this amount is provided weekly or monthly. If you do not provide cash or other funding for a particular item, enter "\$0".

Food: \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Housing \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Utilities \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Cash \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Other: (explain below) \$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

\_\_\_\_\_  
Sign your name

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Print your Street Address

\_\_\_\_\_  
Print your City, State and Zip Code

\_\_\_\_\_  
Date