



NORTHEAST MISSOURI
HEALTH COUNCIL
"Partners for a *Lifetime* of health"

#1

Northeast Missouri Health Council
1416 Crown Drive
P.O. Box 1027
Kirksville, MO 63501
Phone: 660-627-5757
Fax: 660-627-6285 (Billing Office)
Fax: 660-627-5802 (Administrative Office)

LETTER OF PROOF OF UNEMPLOYMENT FOR SLIDING FEE SCALE APPLICANT

This form **CANNOT** be signed by a relative.

PRINTED FIRST & LAST NAME OF APPLICANT

I am confirming, to my knowledge, this person is currently not employed. I am neither related to this applicant nor live in the same residence.

PRINTED FIRST & LAST NAME OF PERSON CONFIRMING UNEMPLOYMENT

SIGNATURE OF PERSON CONFIRMING UNEMPLOYMENT

____/____/____
DATE

Two letters must be returned with Sliding Fee Scale application.



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