New Hampshire HEALTHY KIDS

Client Self-Declaration of Cash/Odd Jobs

Name of Person: _____SS #_____

Mailing Address: _____

_____

Period Covered From: _____ to Period Ending:_____

Date	Income Source	Amount Received

I certify that this is an accurate statement of how much money I earned during the time period listed above.

_____ _____ _____

Signature Print Name Date