



County Indigent Health Care Program (CIHCP)  
**Statement of Self-Employment Income**

Case Record Name	Case Record No.
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**See Page 2 for instructions and additional information.**

1. Name of the person who has self-employment income: \_\_\_\_\_
2. Give the number of months covered by this income statement: \_\_\_\_\_
3. Describe what you did to earn this money:

4. List your business expenses and income. **Important: Attach receipts, invoices or other verifying papers.**

Date	Expenses	Amount
Total Expenses		

Date	Income	Amount
Total Income		
Subtract Expenses –		
<b>Net Self-Employment Income</b>		

The above information is true, correct and complete to the best of my knowledge. I understand that giving false information to the county could result in my being disqualified for fraud.

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

\_\_\_\_\_  
Signature of Person Helping Complete Form, if Applicable \_\_\_\_\_  
Date