



South Carolina Department of Health and Environmental Control

South Carolina Drug Assistance Program

CERTIFICATION OF 'NO INCOME' OR 'ZERO INCOME'

I. PATIENT INFORMATION (to be filled out by client)

Last Name: _____ First Name: _____ Full Middle Name: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____ Gender: _____

II. ZERO OR NO INCOME VERIFICATION (to be filled out by client)

A. I certify that I currently do not have any income (i.e.: zero, or no, income) Yes No

If yes, please complete the following information

1. I have had no income since: _____ (Date: mm/dd/yyyy)

2. I do not expect to receive any income until _____ (Date: mm/dd/yyyy)

B. Write a brief summary describing the current living conditions/arrangements that apply (such as living with family or friends, detox/rehab center, homeless shelter, etc.).

C. Please enter the details of person(s) providing support

Name(s) Relationship to applicant

Address of person(s) providing support Phone number

I have received support from the person(s) listed above since: _____ (Date: mm/dd/yyyy)

Can DHEC contact the person(s) named above in Section II (C) to verify information? Yes No

III. CERTIFICATION (to be filled out by client and case manager/witness)

By my signature below,

- 1. I understand that DHEC requires verification of income from all clients to determine eligibility for the Drug Assistance Program;
- 2. I understand that DHEC may verify the information on this form, and I may be required to submit additional documents if requested. Failure to do so within the specified deadline will result in my file being closed to the program;
- 3. I understand that if I deliberately misrepresent information on this form, I may be required to repay benefits to the program and I may be prosecuted under applicable state and federal statutes;
- 4. I understand that 'zero income' or 'no income' means that I do not receive any money through employment, or from other sources (like interests, annuities, retirement, social security disability, etc.). I also understand that having 'zero income' or 'no income' implies that other members of my household (including my spouse) do not receive money through employment, or from other sources (like interests, annuities, retirement, social security disability, etc.);
- 5. I certify that I do not have any income and I will notify the South Carolina Drug Assistance Program immediately if I receive, or start receiving any income.

Print Name Signature Date: mm/dd/yyyy

Witness (Print Name) Signature Date: mm/dd/yyyy



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INSTRUCTIONS

Purpose: This form must only be used to certify 'no income' or 'zero income' persons who apply to, or recertify for, the SC Drug Assistance Program (DHEC). This document must accompany the original application or recertification form.

I. PATIENT INFORMATION (to be filled out by client)

Name: Print last name, first name, and full middle name
Date of Birth: Enter date of birth (format: mm/dd/yyyy).
Social Security Number: Enter complete Social Security Number (SSN). *Enter N/A if not available*
Gender: Enter gender (Male, Female, or Transgender)

II. ZERO OR NO INCOME VERIFICATION (to be filled out by client and person(s) providing support)

- A.** Check the appropriate box (*yes or no*) if you have 'zero income' or 'no income'
Enter date since you have had no income (mm/dd/yyyy). *Enter approximate month/year if exact date is unknown.*
Enter date you expect to receive income (mm/dd/yyyy). *Enter approximate month/year if exact date is unknown.*
- B.** Enter brief summary describing how you sustain yourself for food, shelter, etc. *Examples can include: Living with a friend, living in a homeless shelter, living in a detox clinic, etc...*
- C.** If applicable, enter name(s), contact information, relationship to applicant of person(s) providing support
Enter date (mm/dd/yyyy) since the person(s) listed above started providing support. *Enter approximate month/year if exact date is unknown.*
Check the appropriate box if DHEC is allowed to contact the person(s) listed above to verify this information

III. CERTIFICATION (to be filled out by client and case manager/witness)

Please read this section carefully.
Applicant must print full name. Signature and date is required.
Witness must print full name. Signature and date is required.

IMPORTANT

1. Submission of an incomplete form will result in the client's application being denied, or in case of recertification - file being closed.
2. If readily available, you must submit the most recent tax return (or document of non-filing).
3. If readily available, you must submit documents from the local unemployment office or social security administration stating that you did not make any income as per their records.