

**Any County Health Department  
123 State Farm Rd  
Simpsonville, NC 09876**

**Third Party Confirmation Letter**

To Whom It May Concern:

We are trying to determine the eligibility of \_\_\_\_\_ for Health Department Services.

INCOME: \_\_\_\_\_ reports that he/she and his/her family have no income. Before we can determine eligibility, we need a *third party*\* to confirm this. By signing this letter, you are confirming that to the best of your knowledge, this individual/family has no income.

RESIDENCY: \_\_\_\_\_ reports that he/she and his/her family live At the address listed below or the address at which you complete below. Before we can determine eligibility, we need a *third party*\* to confirm this. By signing this letter, you are confirming that, to the best of your knowledge, this individual/family lives at this address.

Address of applicant:

\_\_\_\_\_  
\_\_\_\_\_

Thank you for helping us determine whether we can serve this individual/family. If you have any questions, please call \_\_\_\_\_.

\_\_\_\_\_  
Staff Signature/Title/Date

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**Please complete the following:**

\_\_\_\_\_  
Third Party Signature/Date

\_\_\_\_\_  
Print Third Party Name-Individual/Agency/Organization

Third Party Address: \_\_\_\_\_  
\_\_\_\_\_

Third Party Phone # \_\_\_\_\_

***\* Reliable third parties may include staff of a social service agency, church, relief organization, legal aid society, school counselor/nurse. No Public Health Department employees, relatives of the applicant or members of the economic unit can serve third party verifiers.***