



## Verification of Assistance Form

9441 LBJ Frwy  
Suite 350  
Dallas, Texas 75243  
(877) 653-6363

**Please have this form signed by the person with whom you live with.**

1. Does consumer live with you?                      Yes    No    **(please circle)**  
If YES, please provide your address in which you and member reside:

\_\_\_\_\_

If NO, please provide an address where member is residing:

\_\_\_\_\_

- I attest, that this person has been living at the above address since \_\_\_ / \_\_\_ (month/year).
- I attest, that I have known \_\_\_\_\_ for the last \_\_\_ / \_\_\_ (years/months).
- Do they pay rent?                                      Yes    No    **(please circle)**
  - If yes, how much? \$ \_\_\_\_\_

2. I attest, that this person is:  
\_\_\_\_\_ Employed at \_\_\_\_\_ and receives \_\_\_\_\_ every \_\_\_\_\_.  
\_\_\_\_\_ Un-employed and that \_\_\_\_\_ provides him/her with all the necessities including food and shelter.

**Additional Comments:**

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

**I understand that by the signing of this letter, my responses may be verified by North Texas Behavioral Health Authority (NTBHA) Eligibility Department.**

**Providing false and/or misrepresented information in response to any question on this application or any document submitted with this application could result in penalties**

**including, but not limited to, loss of benefits. It may also be subject to Federal and/or State prosecution.**

**Your Name:** \_\_\_\_\_ **(Please Print)**

**Relationships to member:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_