

JEFFERSON COMPREHENSIVE HEALTH CENTER, INC.

225 Community Drive  
P. O. Box 98  
Fayette, MS 39069

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786-6320

Department of Human Services  
P. O. Box 97  
Fayette, MS 39069

RE: \_\_\_\_\_

This above-mentioned patient receives services at this facility. In order to properly serve this patient, we need to know if he/she receives any of the following?

FOOD STAMPS \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_

OTHER INCOME \$ \_\_\_\_\_

Client's Signature \_\_\_\_\_

Client's Social Security Number \_\_\_\_\_

Thanks,

Dorothy Chambliss  
Finance Director

\_\_\_\_\_

Department of Human Services Representative

Date \_\_\_\_\_