



SIMS

SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152
***Confidential Clinical Numbers:* Phone 512-494-1007**
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CLIENT STATEMENT OF INCOME

The SIMS Foundation is required to have proof of income from each of its clients. This information is for eligibility purposes only and will only be shared in compliance with the Statement of Privacy Practices provided to clients by the providers in the first session.

Please provide a copy of a pay stub, a copy of your most recent tax return, **or** a completed copy of this form to the SIMS Foundation.

I, _____, hereby declare that I have _____ members
(print client name) (print #)

in my household and that my gross household income is \$_____ dollars per
(print #)

year.

Client Signature

Date