

6-Month Eligibility Continuation Form

I _____, attest that as of the date of my eligibility redetermination (_____) the following information has not changed:

- Prince George's County Residency
- Income
- Health Insurance status
- Number of persons in household
- Valid form of photo ID
- Emergency contact information

I acknowledge that I am also required to update intake documentation for continued services. These documents may include the following:

- Consent to Services Form
- Authorization of Release and Exchange of Information Form
- Grievance Procedure
- Notice of Privacy Practice Attestation
- Proof of Income (other than government benefits)
- Most recent lab report

I understand that the documents listed above are a condition of receiving services from Heart to Hand, Inc. and that non-compliance could delay or result in loss of access to services. I will notify H2H staff of any changes to the above that occur as well as provide proof in the form of acceptable documentation.

Name of Patient: _____

Date: _____

Signature of Patient: _____