



SIMS Foundation P.O. Box 2152 Austin, TX 78768-2152  
Confidential Clinical Numbers: Phone 512-494-1007  
Fax 512-852-4431  
www.simsfoundation.org

### CLIENT STATEMENT OF INCOME AND RESIDENCY

The SIMS Foundation is required to have proof of income and Travis County residency status for each of our clients. This information is for eligibility purposes only and will be shared in compliance with the *Notice of Privacy Practices*. All clients are given the opportunity to sign, or reject, the *Receipt and Acknowledgement of Notice of Privacy Practices* at intake.

Please provide a copy of 2 recent pay stubs, a copy of your most recent tax return, **or** a completed copy of this form to the SIMS Foundation. And, please attach a copy of a valid Texas Driver's License, or a Picture ID and a recent utility bill with your current address as proof of residency.

I, \_\_\_\_\_, hereby declare that I have \_\_\_\_\_ members in my household, including myself and that my **net** household income is \$\_\_\_\_\_ dollars per year.

I am\_\_\_\_, am not\_\_\_\_, a TRAVIS COUNTY RESIDENT at this time.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
SIMS Client ID