



**Medical Care For People In Need**

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WeCareManatee.org

**UNDOCUMENTED PAY ATTESTATION/SELF EMPLOYMENT RECORD**

(To be completed if client is paid in cash or is self-employed)

I, \_\_\_\_\_, hereby attest that I am receiving  
cash payment for services of \_\_\_\_\_ **OR** I am  
self-employed under the business name of \_\_\_\_\_

I make \$\_\_\_\_\_ per month.

\_\_\_\_\_  
(Client Printed Full Name)

This attestation is to be filled out and signed only by the Client. We Care cannot advise the Client of an amount to enter.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Date