



Emergence Health Network

Residency Attestation Form

To be used when proof of residency is not available:

To comply with Emergence Health Network’s proof of residency requirements, I verify the following information:

I, _____, attest that I am a Texas resident and reside at
First and Last Name

(Number, Street, Apt. #)

(City)

(State)

(Zip)

I currently do not have proof of residence (Identification, Utility bill or Proof of Income), to acknowledge that I am a Texas Resident.

I attest that I am a Texas resident and do not have any means to provide proof of residence. I attest that I am a Texas resident and that I intend to continue living in Texas for an indefinite period of time. I understand that falsifying residency can prohibit me from receiving services from a Texas State funded program.

Client Signature

Date

Signature of Parent/Guardian

Date

Signature of Staff

Date