

# CHILD SUPPORT INCOME VERIFICATION LETTER

FROM: Shands Jacksonville  
OP Financial Services  
2000 Boulevard Street  
Jacksonville, FL 32209

DATE: \_\_\_\_\_

TO: Child Support Enforcement  
Duval County Jacksonville Division  
921 N. Davis St. Bldg. A Rm.# 350  
Jacksonville, FL 32209

To Whom It May Concern:

The following applicant has applied for medical assistance. Our agency is required to conduct a third party verification of all applicants applying for assistance.

## STATEMENT OF AUTHORIZATION:

I, \_\_\_\_\_, authorize the Department of Revenue to release any information or materials which are deemed necessary to complete my determination of eligibility for services.

\_\_\_\_\_  
Name of Applicant (*Printed*)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number of Applicant

\_\_\_\_\_  
Agency Representative (*Signature*)

\_\_\_\_\_  
Date

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## DOR VERIFICATION:

\_\_\_ The above mentioned person has not registered with our agency or has not received child support payments.

\_\_\_ Find attached records on child support paid to custodial family for the past 12 months

\_\_\_\_\_  
DOR Representative (*Signature*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date