

STATEMENT OF OUTSTANDING CHECKS

Applicant/Recipient's Name

Address

I, _____, paid _____
(Name) (Payee of check)

\$ _____ on _____ with check _____ as
(Amount) (Date) (Check Number)

documented by my personal checkbook register or by a written statement from the payee of the check. As of today I have not received the cancelled check nor a statement from the bank indicating that the check has cleared the bank.

I state that this check was written by me for an actual expense, that the check was given/mailed to the above named payee, and that I have not and will not make a stop payment against this check.

I understand that it is against the law to keep information from or give false information to the social services department in order to receive or keep receiving Medicaid and that I am subject to prosecution if I do.

Signature

Phone Number

Date Signed