



PSI Emergency Assistance Program Attestation

Date _____

Name _____

I attest that I am, or my minor child is, currently receiving grant support from Patient Services, Inc., and

- i. as a direct or indirect result of COVID-19 I have suffered a job loss or job reduction, or that the primary wage earner in my family unit has suffered a job loss or job reduction, lost his or her job, or
- ii. I or a member of my household has been diagnosed with COVID-19.

PSI may rely on my statement above. I understand that such reliance determines that I am eligible for a one-time grant in the amount of \$500.

I understand that the grant monies are approved for use as my rent or mortgage, telephone bill, utilities payment, groceries or emergency childcare.

Signature

Patient Services Inc. • *A National Non-Profit Organization*

P.O. Box 5930 • Midlothian, VA 23112 • Phone 1-800-366-7741 • Fax 1-804-744-9388 • www.patientservicesinc.org

Operating Hours: M, T, TH, F 8:30 AM -5:00 PM EST • W 9:30 AM - 5:00 PM EST