



## SELF-EMPLOYMENT/CASH INCOME STATEMENT

If you or any member of your household has any self-employment income or cash income, you may fill out this form to meet the verification request. You may also submit a copy of your own accounting statement or profit and loss statement. You must answer all questions on this form and sign and date it at the bottom.

**If you have questions, please call the SoonerCare helpline at 800-987-7767.**

1. Case number or member ID number \_\_\_\_\_.
2. List the owners of the business with the percentage of business owned.

Name	Percentage of business owned

3. Check the box that applies to you regarding **business income**.

- I have operated my business for one year or more.
  - What was your business income for the past 12 months? \_\_\_\_\_
  - What were your business expenses for the past 12 months? \_\_\_\_\_
- I have operated my business for less than one year.
  - How long have you operated your business? \_\_\_\_\_
  - What was your business income for that time period? \_\_\_\_\_
  - What were your business expenses for that time period? \_\_\_\_\_

4. Check the box that applies to you regarding **wages**.

- As a business owner listed above, I pay myself a wage or salary from my business.  
**You are required to provide the last 30 days of paystubs with this form.**
- As a business owner listed above, I do not pay myself a wage or salary out of my business.

**Self-employed or cash income** includes money from sales, cash receipts, crops, commissions, leases, fees or whatever you do to sell for money. If you have any other kind of income from your business, be sure to include it.

**Business expenses** are your costs of doing business. Examples of expenses are supplies, repairs, rent, utilities, seed, feed, business insurance, licenses, fees, payments on principles of loans for income-producing property, and capital asset purchases. If you have any other type of business expenses, be sure to include them.

The information I give on this worksheet is true and correct to the best of my knowledge. I realize if I give information that is not true or if I withhold information, I can be lawfully punished for fraud and/or perjury. I may also have to repay the State of Oklahoma for any payments or claims incurred which were paid based on representations that I made herein. (OAD 317:35-13-6 and OAC 317:35-13-7)

**The signature must be handwritten or drawn with your cursor. Typed in signatures are not valid.**

\_\_\_\_\_  
Member or Authorized Representative Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
SECIS - Revised 12/2024



**ADDRESS**  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**  
oklahoma.gov/ohca  
mysoonerca.org



**PHONE**  
Admin: 405-522-7300  
Helpline: 800-987-7767