



**OKLAHOMA**  
Health Care Authority

**NO INCOME SELF ATTESTATION**  
*FORM*

OHCA requires proof of income or no income for anyone in the household age 16 and older. Use this template to attest to no income for you or for anyone in your household who is age 16 and older.

**MEMBER INFORMATION**

Member name \_\_\_\_\_

**Fill out one of the following:**

SoonerCare case # \_\_\_\_\_ Member ID # \_\_\_\_\_ SSN# \_\_\_\_\_

**NO INCOME ATTESTATION FOR YOURSELF**

I, \_\_\_\_\_, certify that I am not employed and do not have any  
(Member name)  
other sources of income. I have not been employed, self-employed, completed odd jobs or had any source of income, including any unearned income such as but not limited to Social Security, unemployment, rental or investment income, during the past 30 days.

**NO INCOME ATTESTATION FOR ANYONE OVER THE AGE OF 16 IN YOUR HOME OR FOR SOMEONE ELSE**

I, \_\_\_\_\_, certify that \_\_\_\_\_ is/are not  
(Member name) (Other household name/s)  
employed and does/do not have any other sources of income.

**SIGNATURE**

The information I give on this form is true and correct to the best of my knowledge. I realize if I make any false statement or misrepresent facts to receive benefits or payments under the Medicaid program, 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.


\_\_\_\_\_  
(Phone number)

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

OHCA Version 12/2024. Previous versions are void.

 **ADDRESS**  
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 **WEBSITES**  
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mysoonerca.org

 **PHONE**  
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Helpline: 800-987-7767