



**Section 8 Program**

Participant Name:

**VERIFICATION OF MEDICAL EXPENSES**

**Instructions: Please complete this form by projecting the type and frequency of your out-of-pocket medical costs. Your projection can be based on historical records, planned medical events, or a combination thereof. After you have completed the form, please have your medical provider(s) counter-sign the medical expenses that you have projected. You must submit at least one receipt or other proof verifying the cost. SHA will multiply the cost of the medical expense by its frequency to project annual medical expenses. Feel free to copy this form as needed.**

<b>Prescribed Medication Name</b>	<b>Frequency of Purchase</b> (e.g. monthly, weekly, yearly)		<b>Out-of -Pocket Cost</b>
<b>Non-Prescribed Medication</b> (aspirin, etc.)	<b>Frequency of Purchase</b> (e.g. monthly, weekly, yearly)		<b>Out-of -Pocket Cost</b>
<b>Medical Visits</b>	<b>Frequency</b> (e.g. monthly, weekly, yearly)		<b>Out-of -Pocket Cost</b>

Section 8 Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

