



2300 NE Neff Road Bend, Oregon 97701  
P (541) 330-9001 F (541) 585-9002 vim-cascades.org

**Use this form if you are PAID IN CASH for your work.**

*Ask your employer to complete the form and sign it.*

**CASH INCOME STATEMENT**

My name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Employer,

I would like to get medical care from Volunteers in Medicine Clinic of the Cascades (VIM).

To do this, I need to show all cash payments I received in the last 3 months. Since I worked for you during this time, would you please fill out this form?

**VIM needs this information only to show that I qualify for care. VIM will keep all information confidential. Any questions, please call the VIM office at (541) 585-9013. Thank you!**

Month / Year	Number of hours worked <i>(estimate if necessary)</i>	Amount paid <i>(estimate if necessary)</i>

\_\_\_\_\_  
*(Employer's signature)*

\_\_\_\_\_  
*(Business address)*

\_\_\_\_\_  
*(Print employer's name)*

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

\_\_\_\_\_  
*(Name of employers business, if you have one)*

\_\_\_\_\_  
*(Date signed)*

\_\_\_\_\_  
*(Type of work / business)*