



We're Flying For Your Life®
INCOME CERTIFICATION FORM

I, _____ (print name) hereby acknowledge that medical air transportation services are to be provided to me by MIRACLE FLIGHTS FOR KIDS on _____ (date) and certify that our total gross family/household income from all sources is \$_____ per year and my family size consists of _____ person(s). Eligibility is determined by total family income and size.

I have / have not (please circle one) received MIRACLE FLIGHTS' assistance prior to the date listed above. I HEREBY CERTIFY that the above statement is a true and correct showing of our total family/household income from all sources as of today's date.

Signature
Date
Address
City, State and Zip Code

Employer/Source of Income (SSI, child support., etc.)
Address
City, State and Zip Code
Employer's Phone Number

I AUTHORIZE VERIFICATION OF OUR FAMILY INCOME BY MY EMPLOYER LISTED ABOVE. I FURTHER AUTHORIZE MY EMPLOYER TO GIVE MIRACLE FLIGHTS FOR KIDS ANY AND ALL INFORMATION CONCERNING MY INCOME AND ANY ADDITIONAL PERTINENT INFORMATION THEY MAY HAVE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO MIRACLE FLIGHTS.

I, _____ (print name), understand that the airline tickets are provided to me and/or my family by Miracle Flights for Kids. Therefore, any costs or fees as a result of any change or cancellation not approved by Miracle Flights for Kids is my financial responsibility, and my credit/debit card will be charged.

Credit / Debit Card Number
Expiration Date
Signature
Social Security No.
Date

Miracle Flights for Kids reserves the right to alter policy in exceptional circumstances.

****Penalty for false fraudulent statement: U.S.C. Title 18, Sec. 1001 provides: "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes false, fictitious or fraudulent statements or representation or makes or uses any false writing or documentation knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I acknowledge that I have read and understand the above by initialing in the space: _____

The following information will be used in reporting demographic statistics to various foundations and government agencies and will not be used to determine who is eligible to receive our services. In the case where a child (prenatal to 18 years old) is being transported, the marital status/other categories apply to the parent or guardian.

PATIENT ETHNICITY:

- White, Black, Hispanic, Other
Asian, Asian/Pacific Islander, Am. Indian/Alaskan Native

PATIENT MARITAL STATUS:

- Single, Married, Divorced, Widowed, Child

OTHER:

- Female, Head of Household, Senior Citizen, Handicapped

MIRACLE FLIGHTS FOR KIDS