TEXAS Health and Human Services

Form 3063
April 2022-E

Children with Special Health Care Needs (CSHCN) Services Program

Statement of Self-Employment Income

Client's Name:	Date of Birth:	CSHCN Case No.

1. Name of person with self-employment income.

2. How did you make your self-employment income? *(Examples: handyman, odd jobs, landscaping, etc.)*

3. Self-employment month *(a separate form should be completed for different months).*

4. List your business expenses *(it is **important** to attach receipts, invoices or other verifying papers)*.

Date	Expenses	Amount
	Total Expenses:	

5. List your business income *(it is **important** to attach receipts, invoices or other verifying papers)*.

Date	Income	Amount
	Subtotal	
	Enter expenses and subtract (-)	
	Net self-employment income	

The above information is true, correct and complete to the best of my knowledge. I understand that giving false information to the Texas Health and Human Services Commission (HHSC) could result in my being disqualified for fraud.

_____ _____
Signature of Person with Self-employment Income **Date**

_____ _____
Signature of Person Who Helped Prepare Form **Date**