

**Certification of Verification under CRS 24-76.5-103**

We, \_\_\_\_\_, hereby certify that pursuant to CRS 24-76.5-103 we have verified that the patients eighteen years of age or older who we are referring for health services to be funded by state appropriated funds (a) have provided appropriate identification, (b) have executed the required affidavit, and (c) are lawfully present in the United States, and we are able to supply evidence of the above if so requested by you or any agency of the State of Colorado.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Service Provider:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Number of Patients Certified:** \_\_\_\_\_