



RECIPIENT STATEMENT FORM

		1. RECIPIENT'S MA NUMBER
2. RECIPIENT'S NAME		3. BIRTH DATE
4. RECIPIENT'S ADDRESS:		

Check one box below:

5.

I certify that I am the survivor of rape or incest and that I did not report the crime to law enforcement authorities or child protective services.

I certify that I am the survivor of rape or incest and I reported the crime, together with the name of the offender (if known), to:

6. DATE OF REPORT (if known):

I understand that any false statements made above are punishable by law and that false reports to law enforcement are punishable by law.

7. _____
 SIGNATURE OF PATIENT

8. _____
 DATE

ALL INFORMATION WILL BE KEPT CONFIDENTIAL