

# Teche Action Board, Inc.

1115 Weber Street  
Franklin, LA 70538  
337-828-2550

809 West Tunnel Blvd.  
Houma, LA 70360  
985-851-1717

189 Mozart Drive  
Houma, LA 70363  
985-868-3700

159 East Third Street  
Edgard, LA 70049  
985-497-8726

471 Central Avenue  
Reserve, LA 70084  
985-479-1315

3617 Hwy 70 South  
Pierre Part, LA 70339  
985-252-6211

## Lack of Income Declaration Form

Patient name \_\_\_\_\_

Date of Birth \_\_\_\_\_

This letter is providing a list of resources that is used as evidence of income to Teche Action Clinic. Please check the boxes that affect your financial situation.

\_\_\_\_\_ I do not receive any income from employment

\_\_\_\_\_ I do not receive any unemployment compensation

\_\_\_\_\_ I do not receive food stamps

\_\_\_\_\_ I do not receive workman's compensation benefits

\_\_\_\_\_ I do not receive any disability income

\_\_\_\_\_ I do not receive any supplemental security income

\_\_\_\_\_ A family member supports me financially.

How is this individual related to you? \_\_\_\_\_

What is the amount this individual(s) contributes to you financially?

Amount \_\_\_\_\_ How often? \_\_\_\_\_

**I certify that the information given on this form is correct to the best of my knowledge. If the information given is proven false, I understand that Teche Action Board, Inc. may disqualify me for any discounts and bill me for all services received and all services paid by Teche Action Board, Inc.**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Intake/Interviewer

\_\_\_\_\_  
Date