

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