



Client Declaration

Important: Please make a statement in the space provided below. Do not alter, strike through, or use white-out on any form. If you make a mistake, you can complete a new form. Use of white-out may deny or delay determination of services.

I hereby certify that the above statement is true to the best of my knowledge. I am aware that if I knowingly provide false, misleading, or incomplete information it may result in the denial of services, and I may be reported to the Department of Law Enforcement Division of Public Assistance Fraud to be prosecuted for fraud.

Print Name: _____

Signature: _____

Date: _____