



Talkeetna Clinic  
Mile 4.4 Talkeetna Spur Rd.

(907) 733-2273

HC89 Box 8190  
Talkeetna, AK 99676



Willow Clinic  
24091 Long Lake Rd.



(907) 495-4100



PO Box 1049  
Willow, AK 99688

## DECLARATION OF NO INCOME FORM

This declaration will need to be completed every 3 months until formal proof of income is provided. Please tell us how you support yourself and what your living arrangements are in the space provided below. If more space is needed, please attach to this form.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Please tell us of your situation:

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Would you like assistance in applying for Medicaid, Disability, Food stamps or other forms of Government & State assistance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Verification statement:

I verify that individual named above is not working and has no income source and is experiencing the situation as explained. To the best of my knowledge this statement is accurate and true.

\_\_\_\_\_  
Verification witness Date: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Verification witness Date: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature Date: \_\_\_\_\_

This signed statement becomes part of verification of income and is permanently recorded along with the Sliding Fee Application.