

## VERIFICATION OF INCOME

I verify that, to my knowledge, \_\_\_\_\_  
Name of person seeking treatment

has no form of financial support.

I understand that I am **not** being held financially responsible for any Lake Area Recovery Center treatment related expense for the above named person.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone # (For verification Purposes)

\_\_\_\_\_  
Relationship to Client (Can Not be Spouse)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date