

WK Community Health and Wellness Center - Pierre Avenue
1327 Pierre Avenue
Shreveport, LA 71103

Acct #: (Office Use Only)

Head of Household

Social Security #

Patient's Name

Telephone #

Address

Date of Birth

City, State, Zip

Marital Status:

Number in Household:
 (Include all children & spouse)

- Single _____
- Separated _____
- Married _____
- Divorced _____
- Widowed _____

Monthly Income: \$

Dependent Name:	Sex (circle one)	Relationship	Date of Birth	Social Security #
	M F			
	M F			
	M F			
	M F			
	M F			
	M F			
	M F			
	M F			
	M F			
	M F			

Income verification is necessary for processing this application. I certify that the above information is true. Any information found to be false or withheld, will disqualify applicant from the courtesy discount program.

Applicant Signature: _____

Date: _____