



# ALASKA BEHAVIORAL HEALTH

## **No Income Acknowledgment**

I declare that I do not have any income from any sources. I understand that by signing this document I am attesting to this fact and understand that if income is discovered from any sources that I am held responsible for all services obtained from the Organization, Alaska Behavioral Health. I also agree to inform the Organization of any changes in income within one month of the change, to have a proper fee set done.

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Client Signature

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Date

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Witness Signature

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Date