

Applicant/Enrollee \_\_\_\_\_

Medicaid Number \_\_\_\_\_

## State of Louisiana

Parish of \_\_\_\_\_  
*(parish where you are signing this form)*

### Statement of Disaster Assistance Received Due to a Disaster Declared by the President

I/We, \_\_\_\_\_  
*print full name(s)*

declare under penalty of perjury that I/we received disaster assistance in the amount of \$ \_\_\_\_\_ and now have \$ \_\_\_\_\_ left. This assistance was from a disaster declared by the President of the United States.

I/We declare that the information given is true and correct.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date