

Louisiana Department of Health
Collateral Statement
P.O. Box 260031
Baton Rouge, LA 70826-0031

Case Name: _____
Case ID Number: _____
Work Number: _____
Date: _____

- Please have your collateral complete this form. You must return it to us by _____. If you have any questions concerning the completion of this form, please call _____.
- Xin vui lòng có tài sản thế chấp của bạn hoàn thành mẫu đơn này. Bạn phải trả lại cho chúng tôi bởi _____. Nếu bạn có bất kỳ câu hỏi nào liên quan đến việc hoàn thành mẫu đơn này, xin vui lòng gọi _____.
- Tenga a mano su hipoteca rellenando este formulario. Usted deb evolver a nosotros por _____. Si tiene alguna duda sobre el llenado de este formulario, por favor llame _____.

Sincerely,

Agency Representative

1. _____ lives at _____
(Above-named person) (Street Address, City, State, Zip Code)

2. What is your relationship to the household? Neighbor Friend Relative
 Other (Explain): _____

3. Please list all persons living in the home and their relationship to the above-named person.

Name	Relationship to Above-Named Person
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Do both parents of the children live in the home? Yes No
If no, what is the name of parent who does not live in the home? _____

5. Did anyone move in or out of the home recently? Yes No

If yes, who? _____

Your Signature

Date

Print your name

Your Address

Telephone number where you can be reached during the day: _____