



LETTER OF SUPPORT

Please help us determine the eligibility of the person listed below for assistance. Give specific answers to the following questions about the money you have loaned or given directly to this person. When completing this form please do not use phrases such as "amount varies", "it varies from month to month", or "as much as I can". **We need specific dollar amounts to determine eligibility.** This form should be completed by the person providing help and/or sharing expenses with the client.

Name of Client: _____

Client's address: _____

Name of person providing help (Person completing this form): _____

Your address: _____

Contact Phone: _____

Your relationship to the client listed above: _____

Are you allowing this person to stay with you and are you paying all household expenses? Yes _____ No _____

Do you share expenses? _____ Yes _____ No. If yes, how are expenses divided?

Client's share of: Rent \$ _____ Utilities \$ _____ Other \$ _____

List how much money you have given this person(s) in the last 2 months. If no cash provided, please list **\$0.00** for the Amount Given.

Month and Year	Amount Given	Reason Help Provided (ex. Rent, Food, Shelter, other)
	\$	
	\$	

Do you plan to continue to help this person(s)? Yes _____ No _____

If yes, how much per month? \$ _____

Have you paid any bills for this person? Yes _____ No _____

If yes, List the type of expenses and amounts paid for client (Please only include the client's share of the expense) :

Type of Bill (Electric, Water, Car Insurance, etc....)	Amount Paid

Is this person working or have any other sources of income? Yes _____ No _____

If yes, where are they employed and/or what other type of income: _____

Signature of person providing help _____
Date

In accordance with Federal law, the Department of Health is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion, political belief or marital status.