



## 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? \$ \_\_\_\_\_

Is this help a **gift or a loan**? (A loan is if you expect the person to repay you) \_\_\_\_\_

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.