

Letter of Support

I am providing support for _____ DOB _____ in the following fashion.
(Print Patient's Name)

Check only one of the three boxes below:

- Lives with me at the address below and receives free room and board
- Lives with me and shares expenses. My contribution to expenses is indicated below
- Does not live with me but I provide support as indicated below

I provide cash and other funding in the approximate amounts indicated below. Enter an approximate dollar amounts for each item and check whether this amount is provided weekly or monthly. If you do not provide cash or other funding for a particular item, enter "\$0".

Food:	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Housing	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Utilities	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Cash	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Other: (explain below)	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

Sign your name

Relationship to Patient

Print your name

Print your Street Address

Print your City, State and Zip Code

Date