



To be used if supported by a friend or family member

## Letter of Support

I am providing support for \_\_\_\_\_ in the following way.  
(Print Patient's Name)

Check ONLY one:

- Lives with me at the address below and receives free room and board
  
- Lives with me and shares expenses. My contribution to expenses is:
  - Food: \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Housing: \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Utilities \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Cash \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Other: (explain below) \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Explanation \_\_\_\_\_
  
- Does not live with me but I provide cash and other funding in the amounts below.
  - Food: \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Housing: \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Utilities \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Cash \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Other: (explain below) \$ \_\_\_\_ weekly OR \$ \_\_\_\_ monthly
  - Explanation \_\_\_\_\_

*If you do not provide cash or other funding for a particular item, enter "\$0".*

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Print your name

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Street Address

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Sign your name

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City, State and Zip Code

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Date