



STATEMENT OF SUPPORT

If someone other than your spouse supports you, he/she must fill out this form.

I, _____
(Name of supporter)

am currently supporting _____
(Client's name)

Date you began supporting the above individual: _____

How long will you be supporting him/her? _____

Do you give him/her room and board? Yes No

Do you give him/her additional financial help? Yes No

- If yes, how much? \$ _____
 - Weekly
 - Bi-Weekly
 - Monthly

My relationship to client is _____. I understand that I am not responsible for client's medical bills unless I have a legal responsibility to support them.

I acknowledge the above information is true to the best of my knowledge. I understand that if any such information is found to be false, client may be denied services at Tomagwa HealthCare Ministries.

Printed Name _____ Date: _____

Signature _____

Telephone Number: _____

OFFICE USE ONLY

Patient Account Number _____ Date Received _____ Staff Initials _____