



Letter of Support

Patient Name: _____

I, _____, currently provide support for the person named above. To the best of my knowledge, he/she has no other means of support or income. I support this person by the following means (check all that apply):

_____ Financial support in the amount of \$_____ per month.

_____ Food and Shelter valued at \$_____ per month.

If you have any questions, you can contact me by phone at _____.

Support Provider Signature and Printed Name

Patient Signature and Printed Name

New Patient/Eligibility Coordinator Signature

Date