



LETTER OF SUPPORT FOR INDIVIDUALS WITH NO INCOME

If you receive support (e.g. Food, Housing, Financial Support) from a family member or friend please, have the person who provides support complete this letter for you to receive the sliding fee discount.

Supporter: If the person you are filling this form out for lives with you, we will need copies of your monthly income for them to receive the discount.

Date: ___ / ___ / ___

I, _____, provide _____
(Supporters Name) (Patients Name)

Patient Address: _____
City: _____
State: _____
Zip: _____

With the following services (Check all that apply)

Food

Housing/Rent

Financial Support

Other (Please Explain): _____

Supporter: The person I am providing support for **does** **does not live with me. (Check one)**

I believe the monthly, dollar value of these services to be approximately

\$ _____

Supporters Phone: _____

Supporters Address: _____

Relationship to Patient: _____

Supporters Signature: _____

Additional Comments:
