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## STATEMENT OF SUPPORT

### **APPLICANT SECTION** *(to be completed by applicant)*

I hereby grant HCHC permission to disclose any support provided in order to determine eligibility for the Sliding Fee Discount Program.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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### **SPONSOR/CARETAKER** *(this section must be completed by the sponsor/caretaker)*

\_\_\_\_\_  
Name (individual/business/organization)                      Address                      State                      Zip code

\_\_\_\_\_  
Relationship to Applicant                      Phone Number

I verify that the applicant is unable to provide for themselves. I provide support (cash and/or non-cash) to help meet basic living needs of the applicant:

- |                          |                |          |                |                  |               |
|--------------------------|----------------|----------|----------------|------------------|---------------|
| <input type="checkbox"/> | <b>Shelter</b> | \$ _____ | <b>monthly</b> | <b>Bi-weekly</b> | <b>Weekly</b> |
| <input type="checkbox"/> | <b>Food</b>    | \$ _____ | <b>monthly</b> | <b>Bi-weekly</b> | <b>Weekly</b> |
| <input type="checkbox"/> | <b>Bills</b>   | \$ _____ | <b>monthly</b> | <b>Bi-weekly</b> | <b>Weekly</b> |
| <input type="checkbox"/> | <b>Cash</b>    | \$ _____ | <b>monthly</b> | <b>Bi-weekly</b> | <b>Weekly</b> |
| <input type="checkbox"/> | <b>Other</b>   | \$ _____ | <b>monthly</b> | <b>Bi-weekly</b> | <b>Weekly</b> |

***\*I understand HCHC may contact me to verify this information. Furthermore, I understand that if the information provided is found to be incomplete or fraudulent the applicant will be removed from the Sliding Fee Discount Program PERMANENTLY.***

Completed By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_