

Address / Support Verification Form

Name of Applicant _____ Date _____

The above applicant lives / lived with me from _____ to _____

The questions below pertain to the above named applicant and are to be answered by you as the person claimed to be assisting this applicant with meeting their current basic needs. Please answer each question with a check-mark.

1. Are you providing - Room & board (food and shelter) Yes () No ()
Room (shelter only) Yes () No ()

Please enter amount charged if any \$ _____

2. Are you, in addition to room and board, also providing for personal needs such as the following items?

Laundry	Yes ()	No ()
Entertainment / Recreational	Yes ()	No ()
Personal Hygiene Articles	Yes ()	NO ()
Transportation	Yes ()	No ()
Clothing	Yes ()	No ()
Other Items (list on next line)	Yes ()	No ()

Please list items _____

3. Are you providing the client with actual cash "spending" money on a regular basis? Yes () No ()
If Yes, are you expecting this amount to be paid back to you. Yes () No ()
Please specify exact amount and whether given weekly, monthly, etc.

4. Are you meeting the client's medical expenses in any form? Yes () No ()

5. Do you carry private health insurance on the person? Yes () No ()
If yes please include a copy of the Insurance card.

Name of person providing above information. _____

(Print)

Signature _____ Date _____

Relationship to Applicant _____ Phone _____

Address _____
(Street) (City, State) (Zip)

Applicants must read the following and sign below.
I understand that program officials may verify information on this form.

Signature of Applicant _____ Date _____