



Last Name:

Address:

Phone:

I am Providing:  Cash

To: (Client Name) \_\_\_\_\_

First:

City/St:

Zip:

Food/Clothing  Housing  Other

My relationship to the client is:  
\_\_\_\_\_

I expect to provide these items (for how long)? \_\_\_\_\_

I declare the answers given are true and correct to the best of my knowledge. I understand the information provided will be used to screen the applicant for eligibility to various Federal, State and County programs. I understand that I will not be held responsible for any fees for medical services received by the applicant.

\_\_\_\_\_  
Signature of Person Providing Support

\_\_\_\_\_  
Date

**Applicant:**

I declare the answers given are true and correct to the best of my knowledge. I understand the information provided will be used to screen for eligibility to various Federal, State and County programs. I understand that if information is found to be false, I will be held responsible for the full amount of any fees for medical services received.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date