

Letter of Support

Date: _____
_____ (Print Patient's Name)

Please check the box below that best describes the current living and financial arrangements you provide for the patient listed above:

- Patient has zero or limited income. Lives with me at the address below and receives free room and board and no other financial assistance. Patient is considered a separate household unit.
- Patient has zero or limited income. Lives with me at the address below and I provide financial support as indicated below.
- Lives with me at the address below in a roommate capacity. I provide no financial support. Patient is considered a separate household unit.
- Does not live with me but I provide financial support as indicated below.

I provide cash and other funding in the approximate amounts indicated below. Enter an approximate dollar amounts for each item and check whether this amount is provided weekly or monthly. If you do not provide cash or other funding for a particular item, enter "\$0".

Food:	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Housing	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Utilities	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Cash	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
Other: (explain below)	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly

Other Support: _____

Signature of Support Person (Must be Notarized)

Printed Name of Support Person

Support Person's Street Address

City, State and Zip Code

Phone Number

_____ County, North Carolina

I, _____, a Notary Public for said County and State, do hereby certify that _____, personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, the _____ day of _____, 20____.

(Official Seal) _____
Notary Public

My commission expires _____, 20____.