

Patient Name: _____	
MRN: _____	CSN: _____
D.O.B: _____	Admit Date: _____



RYAN WHITE PROGRAM

Supporter Statement

SUPPORTER STATEMENT

If an applicant has no income or is unable to provide any documentation showing how they manage, this form can be used as documentation. This form must be completed and signed by the person providing support; it **should not** be filled out by the person applying for the program.

I, _____, certify that I currently support
(printed name of supporter)

_____, who resides at the following
(printed name of person you support)

address: _____
(street address, city, state and zip code of person you support)

I have supported him/her since _____. My relationship to the applicant
(date)

is _____
(examples: parent, spouse, roommate, friend, sister, etc.)

The type of support I provide is (check all that apply):

- Room Food/Clothing Rent/Mortgage Utility Bills
- Cash Assistance in the amount of \$ _____ per month Other:

Additional explanation (if necessary):

I can be reached at the following number(s) to verify this information: _____
(phone number)

By signing this form, I affirm that the above information is an accurate statement of assistance being provided to the applicant. I understand that if I deliberately omit or give false information the applicant may be removed from the program and/or criminally prosecuted.

X.	
Signature of Supporter (please print and sign)	Date

Please note: If there are special circumstances surrounding your household situation that would need to be explained or verified by a social worker, case manager, or public health nurse, please have them provide a detailed support statement on your behalf and attach it to your application when applying for assistance.