



Please print legibly, in ink

Please complete this document **ONLY** if the applicant is not employed.
Por favor completa esta pagina si no trabaja el aplicante.

If someone other than your spouse supports you, he/she must fill out this form:

I, _____ (name of supporter) have supported
_____ (client's name) for _____ (number)
_____ (months or years).

I do I do not give him/her room and board.

I do give him/her \$ _____ Weekly Every 2 Weeks
 Twice Monthly Monthly

My relationship to him/her is _____. I understand that I am not
responsible for his/her medical bills unless I have a legal responsibility to support him/her.

I receive income from _____.

Signature _____ Date _____

Printed Name _____

Telephone Number _____