

**LETTER OF SUPPORT**  
(Spanish Version Available)

I, the undersigned, provide support for \_\_\_\_\_  
PATIENT NAME (PRINT)

*(Check all that apply)*

I provide shelter to the patient, free of charge, valued at \$ \_\_\_\_\_  
(amount must be at least \$500)

I give the patient \$ \_\_\_\_\_ dollars per month

I provide food valued at \$ \_\_\_\_\_ per month

**SUPPORTER**

\_\_\_\_\_  
NAME (Print)

\_\_\_\_\_  
SIGNATURE

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE** \_\_\_\_\_