



## LETTER OF SUPPORT

FAUQUIER FREE CLINIC  
35 Rock Pointe Ln, Warrenton, VA 20186  
P.O. Box 3138, Warrenton, VA 20188  
[edocs@fauquierfreeclinic.org](mailto:edocs@fauquierfreeclinic.org)

### PATIENT (Please Print)

First Name	Last Name
Cell Phone	Home Phone

### I need to provide a Letter of Support because: (check one only)

- I am not working
- I work but earn less than \$500 a month
- I recently lost my job
- I recently moved to the area and do not have a job

### My Supporter helps me with the following items: (check all that apply)

Food       Rent / Housing       Utilities       Cash

I certify that the information above is true and correct. Inquiries may be made if necessary to verify the statements herein. I understand that false information or omissions are grounds for dismissal from the Fauquier Free Clinic and all services provided.

PATIENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUPPORTER (Please Print)

Full Name	Phone
Address, City & Zip Code	

SUPPORTER Signature: \_\_\_\_\_ Date: \_\_\_\_\_