



## Room and Board Statement

\_\_\_\_\_  
Patient Name: (Print)

The person named above has advised us that you either contribute substantially to their support or you are their sole means of support.

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The type of support I / we provide is: (please complete all that apply)

\_\_\_\_\_ Room and Board, since (date) \_\_\_\_\_

\_\_\_\_\_ Allowance of \$ \_\_\_\_\_

every week \_\_\_\_\_, every 2 weeks \_\_\_\_\_, every month \_\_\_\_\_

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

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I / We, (print) \_\_\_\_\_ have been the sole/substantial support for the person named above and, to the best of my / our knowledge, declare that this person has no other primary means of support. I/We will continue to provide room and board, but will not be responsible for medical expenses incurred.

\_\_\_\_\_  
Signature 1

\_\_\_\_\_  
Signature 2

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Address, Street

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

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