



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.

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) _____

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
