In order to consider your application, we need this form filled out by the person who is providing you room and board or knows of your unemployment. This form CANNOT be completed by your marital spouse. It can be filled out by your friend, neighbor, roommate, boy/girl-friend, parents, etc., that is aware of your situation.

(Please fill out the section(s) that applies to the patient’s circumstances).

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**Letter of Support**

I, _______________________________________ know ______________________________________________ personally and
(Name of person providing support) (Name of Patient)
have provided room and board / support for the named individual since __________________ to ________________.
(Start date) (End date)

The person signed below has stated that due to the patient’s circumstance he/she is providing those necessities free of charge or as a loan at this time.

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**Letter of Unemployment**

I, ____________________________________, have personal knowledge that
(Name of person who knows you’re unemployed) (Name of Patient)
was unemployed from ______________ until ______________.
(Start Date) (End Date)

Due to this status, he/she is unable to provide the daily necessities such as room and board for themselves.

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X ____________________________________________

Print name of person providing support or knows of unemployment

X ____________________________________________

Signature of person providing support or knows of unemployment

Witness ___________________________ Date ___________________________

By signing this form, this does not make you responsible for the bill.

In accordance with public law s.817.50 F.S., providing false information to defraud a hospital for the purposes of obtaining goods or service is a misdemeanor in the second (2nd) degree.