

@CERMSG(605943:37515)@ @CERMSG(605942:37448)@

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).

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.

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.

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.

