



941 Market St Piketon Oh 45661

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## **LETTER OF SUPPORT**

Client Name: \_\_\_\_\_

**This section is to be completed by the person providing the support:**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Other(\_\_\_\_) \_\_\_\_\_

What amount of financial support do you provide to the client \$ \_\_\_\_\_

How often:  Weekly  Monthly  Other

**Please state how you give support to the client:**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By completing and signing this form, I declare all information is true and correct.**

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date