

Statement of Support

APPLICANT SECTION (to be completed by applicant)

I hereby grant InnerSourced Solutions permission to disclose any support provided in order to determine eligibility for the Sliding Fee Discount Program.

Applicant Name: _____ Date: _____

Signature: _____

SPONSOR/CARETAKER (this section must be completed by the sponsor/caretaker)

Name (individual/business/organization)

Address State Zip code

Phone Number _____

Relationship to Applicant _____

I verify that the applicant is unable to provide for themselves. I provide support (cash and/or non-cash) to help meet basic living needs of the applicant:

- | | | | | | |
|--------------------------|---------|----------|---------|-----------|--------|
| <input type="checkbox"/> | Shelter | \$ _____ | Monthly | Bi-Weekly | Weekly |
| <input type="checkbox"/> | Food | \$ _____ | Monthly | Bi-Weekly | Weekly |
| <input type="checkbox"/> | Bills | \$ _____ | Monthly | Bi-Weekly | Weekly |
| <input type="checkbox"/> | Cash | \$ _____ | Monthly | Bi-Weekly | Weekly |
| <input type="checkbox"/> | Other | \$ _____ | Monthly | Bi-Weekly | Weekly |

*I understand InnerSourced Solutions may contact me to verify this information. Furthermore, I understand that if the information provided is found to be incomplete or fraudulent the applicant will be removed from the Sliding Fee Discount Program PERMANENTLY.

Completed By: _____

Signature: _____ Date: _____