



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

## ILLINOIS DEPARTMENT OF PUBLIC HEALTH

### CONFIRMATION OF SUPPORT LETTER

(This form **must** be completed if **neither** the applicant nor legal spouse has earned income. Remember a legal spouse with earned income cannot provide a letter of support for an applicant; they **must** provide proof of income through two pay stubs).

\*Date: \_\_\_\_\_ \*Name of applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

- **If you are being supported with room and board, please have the person(s) providing that support verify the information below with a signature.**

I/We attest to have been the sole 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 have provided support since \_\_\_\_\_.

* _____ Provider's Name (Printed)	* _____ Relationship to Applicant
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* _____ Street Address	City	State	Zip Code
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\* \_\_\_\_\_  
Telephone number

\* \_\_\_\_\_  
Provider's Signature

\* \_\_\_\_\_  
Applicant's Signature

\* **ALL FIELDS REQUIRED**

\_\_\_\_\_  
Case Manager Signature (If Applicable)

- **NOTE:** IF applicant has no means of support, write a brief summary describing the current living conditions/arrangements that apply (such as detox/rehab center, homeless shelter, etc.).
- Return Letter of Support to IDPH, 525 West Jefferson, First Floor, Springfield, IL 62761 **or** fax to: 217-785-8013.\

Revised: 5-9-2012

*Improving public health, one community at a time*

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