



Pat Quinn, Governor

Damon T. Arnold, M.D., M.P.H., Director

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, \_\_\_\_\_, 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 Signature

\_\_\_\_\_  
Relation to applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone number

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

\_\_\_\_\_  
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.