

**Signature** 

## **MONTGOMERY COUNTY** HOSPITAL DISTRICT

Health Care Assistance Program 1400 South Loop 336 West Conroe, Texas 77304

Phone: 936-523-5100 Fax: 936-539-3450

## Statement of Support

3	tatement of Suj	pport		HCAP #:	
This form is to b	be completed by any person or	r persons providing	you with a	ny assistance	
Ι,	, provide assistance t	to			
Have you given cash to the abo	ove-named person within the pas	st 95 days? □ Y	es □ N	o	
• If yes, please write the	dates and amounts, however sn	nall, in the spaces be	low.		
Date		Amount			
	tly for the above-named perso	on?	□ Yes	□ No	
<ul> <li>If yes, provide name of</li> </ul>	f vendor or type of bill:				
Are you currently providing	room and board for the above	e-named person?	□ Yes	□ No	
Did you give the above-name	d person a loan? □ Yes	□ No	If	yes, provide the foll	owing:
Amount	Date	Amour	nt	Date	
	repaid?any false information can resubest of my knowledge.				
Print Name (person providing	g the assistance)				
Address	City		State	Zij	p Code
Phone Number		Relationship to	Applicant		

**Date**