**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:

[ ]  Shelter $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Bi-Weekly Weekly

[ ]  Food $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Bi-Weekly Weekly

[ ]  Bills $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Bi-Weekly Weekly

[ ]  Cash $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Bi-Weekly Weekly

[ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_