

**LifePath Systems
Local Behavioral Health Authority**

Verification of Assistance Form

Please have this form completed and signed by the person that is providing support.

Name of client: _____ Does the client live with you? Yes or No

If yes, provide the address in which you and the client physically reside: _____

If no, please provide the address where the client physically resides _____

I attest, that the client has been living at the above address since _____ / _____ (month/year).

I attest, that I have known the client for the last _____ / _____ (years/months). My relationship to the client is _____.

Does the client pay rent? Yes or No If yes, how much? _____

Does the client pay electric, gas, water, and/or phone? Yes or No If yes, how much? _____

Do you provide any financial assistance to the client? Yes or No

If yes, please provide the amount you provide and how frequently?

Monthly \$ _____ Weekly \$ _____ Bi-Weekly \$ _____ Other \$ _____

What is the date and amount of the most recent money provided? Date _____ Amount \$ _____

I attest that the client is:

_____ Employed at _____ and receives _____ every _____.

_____ Unemployed and that _____ (name) _____ (relationship) provides the client with all the necessities including food and shelter.

Do you anticipate any changes in the client's financial situation? Yes or No

If yes, what changes do you anticipate? _____

Additional Comments: _____

I understand that by the signing of this letter for the above mentioned client, my responses may be verified by LifePath Systems LBHA's Financial Eligibility Department, and that any misrepresentation or information found to be false will disqualify the client from HHSC state-funding and the awarded benefit will be revoked.

Name of Person Providing Assistance: _____

Signature of Person Providing Assistance: _____

Relationship to Client _____ Phone _____ Date _____

Name of Witness: _____

Signature of Witness: _____

Phone: _____ Date: _____