



Fredericksburg Christian Health Center Letter of Support

Date: _____

I, _____,
(Supporter's Name)
(Relationship to patient-i.e husband, wife, sister, brother, family)

provide the patient _____
(Patient's Name)

with the following services:

Check all that apply:

Patient lives with me at my residence in Fredericksburg, Caroline, King George, Spotsylvania, or Stafford.

Food

Housing and Rent

Financial Support

Transportation

I claim the above patient on my taxes
(Please provide us with a copy of last years tax return)

Other: (please specify) _____

The patient's supporter must complete the section below and provide current identification.

Name of Supporter _____

Address _____

City, State, Zip _____

Telephone # _____

Signature of Supporter _____

Date _____



Fredericksburg Christian Health Center Letro de Susento

Fecha: _____

Yo, _____, proveer la paciente
(Llama de Partidario)

_____ con lo siguiente servicios:
(Llama de Paciente)

Verificar todo ese aplicar:

- La paciente vivo con mi en mi casa a las en Fredericksburg, Caroline, King George, Spotsylvania, or Stafford.
- Comida
- La vivienda y alquiler
- Financiero sustento
- Transporte
- Otro: (Por favor especificar) _____

La paciente's partidario completoo los seccion abajo y proveer actual indentificacion.

Llama de Partidario _____

Direccion Postal _____

Cuidad, Estado,Codigo Postal _____

Numero de Telefono _____

Firma de Partidario _____

Fecha _____