



PO Box 153 Fishersville, VA 22939 (540) 221-6635

LETTER OF SUPPORT/ ROOM AND BOARD LETTER

Patient's Name: _____

Patient's SSN: _____

The following section is to be completed by the person who is providing financial support.

Supporter's Full Name: _____

Supporter's Address: _____

City: _____ State: _____ Zip: _____

Relationship to patient: _____

Supporter's Telephone Number: _____

I, _____, certify that I currently reside in Augusta County and I provide the patient listed above with the following services (check all that apply):

_____ Patient lives with me at no cost

_____ Housing/Rent (Provide amount received monthly \$ _____)

_____ Transportation

_____ Financial/Other

Supporter's Signature: _____ Date: _____