



Medical Care For People In Need

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WeCareManatee.org

LETTER OF SUPPORT

(To be completed if client is not employed and received financial support from family/friend, who is NOT a spouse)

Date: _____

This letter is to certify that due to personal circumstances, I,

_____, have been supporting
(Supporter's Name)

_____ by paying for the cost of living
(Client's Full Name)

expenses such as housing and utilities since _____.
(Date Client Moved-In)

Supporting the additional person has the approximate cost of

\$_____ per month.

My relationship to the above mentioned person is _____.

(Supporter's Full Printed Name)

(Supporter's Signature)

This letter is to be filled out and signed only by the Supporter. We Care cannot advise the Supporter of what date or amount should be provided.