



Southwest Ohio  
County Departments of  
Job & Family Services

County Agency: Hamilton County Department of Job & Family Services  
Address: 222 E. Central Parkway, Cincinnati, OH 45202  
Phone: (513) 946-1000  
Fax: (513) 946-1076  
Website: www.hcjfs.org

## STATEMENT OF SUPPORT

Case Name:	Case Number:	Worker:
Social Security Number:	Date Sent:	Return by Date:

### RELEASE OF INFORMATION: To be completed and signed by the applicant.

The name, address, and phone number of the person GIVING my household financial help is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of household member RECEIVING the help: \_\_\_\_\_

**Release of Information:** My signature below means that I give the person indicated permission to furnish all information about me that is requested on this form. I understand this information will be used to establish my eligibility for public assistance. I also give the Department of Job and Family Services permission to contact this person to obtain or clarify any information contained on this form.

Applicant Signature:	Phone:	Date:
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### FINANCIAL HELP: To be completed and signed by the person providing the financial help.

#### Bill Payment:

I pay/have paid bills directly to the company for the person listed above. The bills I pay/have paid are:

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Rent               | <input type="checkbox"/> Gas         | <input type="checkbox"/> Daycare                |
| <input type="checkbox"/> Mortgage           | <input type="checkbox"/> Electric    | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Property Insurance | <input type="checkbox"/> Water/Sewer | _____   |
| <input type="checkbox"/> Property Taxes     | <input type="checkbox"/> Phone       |   |

I will continue to make these direct payments.  Yes;  No If no, last date paid: \_\_\_\_\_

#### Money Given:

I give/have given money to the person listed above.  
Amount: \$ \_\_\_\_\_ (average amount per month)  
I will continue to give this to the person named above.  Yes;  No If no, last date paid: \_\_\_\_\_

I expect the money to be paid back. It is/was a loan.

I do not expect the money to be paid back. It is/was a gift.

#### Other:

I buy other things for this person.  
Specify items: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

*My answers on this form are correct and complete.*

Printed Name:	Signature:	Date:	Phone:
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