

Allina Account # _____

Date: _____



Statement of Support

****This Document must be Notarized****

Name of Applicant: _____ Date of Birth: _____

**This document is needed for Allina Partners Care applicants that state they are not currently employed and list no other income on their application.*

Please check one of the following:

I am a parent of _____ and provide all of their food and shelter.

I am another family member/friend and provide all food and shelter.

I am a legal sponsor of _____

Other, please explain:

X _____
Signature of person providing support/shelter Date Relationship to applicant

Printed name

Phone Number

Notary Public Signature: _____

Agent Name (Print): _____ Phone _____

Date: _____

***This form requires signature of a Notary Public.**