



### Help Statement Verification

#### Part I – Case Information

Case Name	Case No.	Agency Area Code and Phone No.
Name of Person Giving Help		Name of Person Giving Help Area Code and Phone No.
Address of Person Giving Help		

#### Part II – Help Provided

The person named above states that you provide help to their household. To correctly evaluate the household's situation, the Texas Health and Human Services Commission needs information from you. Answer the following questions explaining what help you provide and return the form in the postage paid envelope provided. Return it as soon as possible, but no later than \_\_\_\_\_.

Does this person live with you?  Yes  No

Do you give cash to this person or to anyone in this household?  Yes  No

If "Yes", who receives the cash? \_\_\_\_\_

How much cash do you give them? \_\_\_\_\_

How often do you give them cash? \_\_\_\_\_

When did you begin giving this help? \_\_\_\_\_

Do you expect the money to be repaid?  Yes  No

If "Yes", when? \_\_\_\_\_

Do you give help to the household that is not cash?  Yes  No

If "Yes", check all that apply:  Shelter  Food  Personal Items  Transportation  Other (explain below)

\_\_\_\_\_

Do you pay any of the Household bills?  Yes  No

If "Yes", what bill(s) do you pay? \_\_\_\_\_

Who gets the payment? \_\_\_\_\_

Do you plan to continue giving help to this household?  Yes  No

If "Yes", please specify for how long. \_\_\_\_\_

If "No", date you no longer give help. \_\_\_\_\_

Comments

#### Part III – Signatures

_____	_____
Signature of Person Giving Help	Date