



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