



Southwest Ohio  
County Departments of  
Job & Family Services

County Agency: Clermont County DJFS  
Office of Adult, Child and Family Stability  
Address: 2400 Clermont Center Dr., Batavia, Ohio 45103  
Phone: 513-732-7111  
Fax: 513-732-7216 or 7450  
Website: www.acfs.clermontcountyohio.gov

## 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: |
|----------------------|--------|-------|

### 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, final 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: |
|---------------|------------|-------|--------|