

## Harris County Hospital District Statement of Support

This is an Official Government Record. Untrue or Incomplete Information given on this form may and probably will result **In Criminal Action** being taken under Sections 31.04, 37.10, or other portions of the Texas Penal Code.

**If you are supported by someone other than your spouse, the person who supports you must complete the following information:**

I, \_\_\_\_\_ (name of supporter) acknowledge that I have supported \_\_\_\_\_ (client's name) for the following length of time: \_\_\_\_\_.

**I do**  **do not**  provide him/her with room and board. My relationship to him/her is \_\_\_\_\_ . I understand that I am not responsible for his/her medical bills unless I have a legal responsibility to support him/her. My source of income is \_\_\_\_\_ .

Signature: \_\_\_\_\_

Date: \_\_\_\_\_