

THIRD-PARTY CONFIRMATION LETTER

I am over the age of eighteen (18) and able to help provide for the basic food, clothing and shelter needs of _____ at the present time.
PATIENT'S NAME (FIRST/LAST)

I have been informed and understand that his/her doctor wants him/her to stay longer in the facility for treatment.

I promise to provide _____ with the following:
PATIENT'S NAME (FIRST/LAST)

- a) A place to stay/and
- b) Food and clothing (if necessary)

DATE

SIGNATURE

PRINT NAME (FIRST/LAST)

STREET ADDRESS

UNIT/APARTMENT #

CITY

ZIP CODE

CELL PHONE NUMBER

WORK PHONE NUMBER

HOME PHONE NUMBER