

Louisiana Department of Health  
Verification of Contributions  
P. O. Box 260031  
Baton Rouge, LA 70826-0031

Case Name: \_\_\_\_\_  
Case ID Number: \_\_\_\_\_  
Worker No.: \_\_\_\_\_  
Date: \_\_\_\_\_

- Please have the person who gives you money complete this form. You must return it to us by \_\_\_\_\_ . If you have any questions concerning the completion of this form, please call \_\_\_\_\_ .
- Những người cung cấp tiền cho bạn nên điền vào mẫu đơn này. Bạn phải trả lại cho chúng tôi bởi \_\_\_\_\_ . Nếu bạn có bất kỳ câu hỏi nào liên quan đến việc hoàn thành mẫu đơn này, xin vui lòng gọi \_\_\_\_\_ .
- Por favor, tenga a la persona que le da el dinero, llenar este formulario. Usted debe volver a nosotros por \_\_\_\_\_ . Si tiene alguna duda sobre el llenado de este formulario, por favor llame \_\_\_\_\_ .

The above-named person has given consent for the release of the information requested below to help establish eligibility for assistance.

**Carefully Read the Following and Indicate the Ways You Help:**

**1. Contributions (MONEY YOU DO NOT EXPECT TO BE REPAID)**

Have you given money directly to the above-named person, or any member of this household, in the last two months?  Yes  No If yes, please list the amounts given and the reason given. For example: To help support your child, to help pay their rent, utilities, etc.

Date Given	Amount	Reason Given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you plan to continue these contributions on a regular basis?  Yes  No  
If yes, amount? \_\_\_\_\_ How often?  Weekly  Every Two Weeks  
 Monthly  Twice Monthly

**2. Loans (MONEY YOU EXPECT TO BE REPAID)**

Have you loaned money directly to the above-named person or any member of this household in the last two months?  Yes  No

If yes, amount? \_\_\_\_\_ How often?  Weekly  Every Two Weeks  
 Monthly  Twice Monthly

**3. Payments to someone else (MONEY NOT GIVEN DIRECTLY TO A HOUSEHOLD MEMBER)**

Have you paid rent, utilities, medical or other bills directly to a company or person out of the home for the above-named person or any other member of this household in the last two months?  Yes  No If yes, please list details below:

Expense Paid	Amount Paid	Who Was Paid	How Often Paid (Wkly, Mthly, Etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the expenses listed above being paid instead of paying court-ordered child support to the above-named person or any member of this household?  Yes  No

If yes, what is the amount of the court order? \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number where you can be reached during the day: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_