

**This information is being provided to Charlotte County  
Department of Human Services to determine eligibility for assistance.**

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Address

I provide the following support assistance for the above-named person, as I do not live in the household. Is this child support or financial support?

\_\_\_\_\_  
\_\_\_\_\_

Dollar amount of assistance provided in past 30 days: \$ \_\_\_\_\_

I have been providing this assistance since: \_\_\_\_\_

I will continue providing this assistance until: \_\_\_\_\_

**PENALTIES FOR FRAUD**

- All household members will be ineligible for any Human Services' programs for a period of two years from the date the fraud was discovered if no benefits are received.
- Applicant will be required to pay back any funds received, and all household members will be ineligible for any Human Services' programs for a period of two years from the date the debt was repaid in full. Members will be permanently ineligible from Human Services' programs if the debt is not repaid.
- Fraudulent receipt of a benefit of \$300 or greater may lead to felony prosecution up to and including Grand Theft charges.

Print Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_