

Hardship Referral Letter (*optional*)

Please complete this form if someone besides your spouse supports you by providing housing or paying for your expenses. **This letter must be completed by the individual or organization who provides support for you.**

RE: St. Vincent de Paul Pharmacy:

To Whom It May Concern,

This letter is to verify that I or my organization is supporting _____ in the following way(s):

- By currently providing full financial support for his/her basic needs and expenses, due to him/her not receiving enough or any income to cover them.
- By providing housing support because they lack a fixed, regular and adequate living arrangements,
- By attesting that this person is self-employed and their income is sporadic. This person gets paid in cash and their estimated weekly income is _____.
- By attesting that this person has no income and is currently homeless.
- By supporting them in their attempt to flee domestic violence, dating violence, sexual assault, stalking or other dangers or life-threatening conditions that relate to violence against the individual or a family member.

I can also confirm that the patient resides at _____
Patient's Address

I attest that this information is true to the best of my knowledge. I can be contacted for any questions or further investigation at the information provided below.

Sincerely,

Supporter/Individual/Organization Name _____

Signature _____

Phone _____ **Date** _____