



Notarized Letter of Support
Carta de Apoyo Notarizada

Notice: This letter must be completed and signed by both parties before a notary public. Aviso: Esta carta debe ser completada y firmada por ambas partes frente a un notario.

I (Yo), \_\_\_\_\_ am (soy) \_\_\_\_\_ of patient and provide (proporciono):
(Print name / Escriba nombre) (relationship to Patient / Relación al paciente)

- Shelter (Albergue) - Address / Dirección:
Food (Alimentos)
Utilities (Utilidades)
Medical Expenses (Gastos Médicos)
Other (Otro):

For (Para): \_\_\_\_\_ in the estimated amount of (en la cantidad
(Print patient name / Nombre del Paciente)

estimada de): \$ \_\_\_\_\_

For Notarized Letter of Support, you will need to apply to your local county indigent health program if you fall under the county's approved federal poverty level, are a legal immigrant, and a resident of Texas. Please provide us with a copy of your county's approval or denial letter within 30 days.

Para la carta de apoyo notariada, deberá presentar una solicitud para el programa de salud para indigentes de su condado local si se encuentra dentro del nivel federal de pobreza aprobado por el condado, es un inmigrante legal y residente de Texas. Por favor proveer una copia de la carta de aprobación o rechazo de su condado dentro de los 30 días.

Signature of Patient (firma del Paciente) Date (fecha)
Signature of Relative/Friend (firma del familiar o Amistad) Date (fecha)

Notary Acknowledgment (Official Notary Use Only. Solo para uso de Notario Oficial)
STATE OF TEXAS
COUNTY OF \_\_\_\_\_
On this \_\_\_ day of \_\_\_\_\_, 202\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (friend/relative) known to me or satisfactorily proven to be the person whose name is subscribed to this document, and acknowledged that they executed it for the purposes therein contained.
Signature of Notary Public: \_\_\_\_\_
Printed Name: \_\_\_\_\_
My Commission Expires: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_