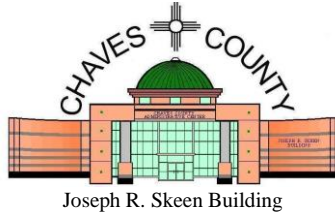


**CHAVES COUNTY
HEALTHCARE SERVICES**

P.O. Box 1597
Roswell, NM 88202-1597
Phone 575-624-6547, 575-624-6545
Fax 575-627-7554



COMMISSIONERS

Dara Dana · District 1
T. Calder Ezzell Jr · District 2
Jeff Bilberry · District 3
Richard Taylor - District 4
Michael Perry · District 5

Health Care Director
Jeff Ortega

County Manager
Bill Williams

LETTER OF SUPPORT

I understand that I am knowingly providing this information and declare it is true and correct. I understand that Chaves County can and will prosecute me for any false information provided knowingly by me and this will constitute a felony charge, which could result in fines and incarceration.

I, _____ verify that I am providing for the basic needs for
Printed Name

_____. I provide financial assistance with:
Patient's Name

Food, Utilities, Rent and/or any other Necessities. This costs about \$_____ per month.

If you have any questions, you may call _____.

Signature Date

CARTA DE AYUDA

Yo, _____ verifico que estoy previendo para las
Nombre Impreso

necesidades basicas de _____
Nombre Del Paciente

Proporciono asistencia financiera: Para la comida, Utilidades y Cualquier otras Necesidades. Esto
cuesta \$_____ por mes. Si usted tiene alguna pregunta usted puede llamar al

_____.

Firma Fecha

STATE OF NEW MEXICO)
)
COUNTY OF _____)

SUBSCRIBED AND SWORN TO before me this : _____ day of _____ year _____.

SEAL

Notary Public

My commission Expires