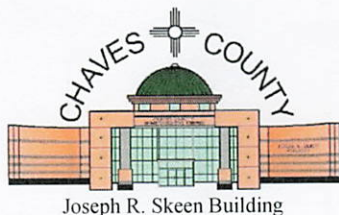


CHAVES COUNTY
HEALTHCARE SERVICES
P.O. Box 1597
Roswell, NM 88202-1597
Phone 575-624-6547, 575-624-6545
Fax 575-627-755
Health Care Director
Jeff Ortega



COMMISSIONERS
Dara Dana · District 1
Cliff Waide · District 2
Herbert Corn · District 3
Richard Taylor · District 4
Michael Perry · District 5
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 básicas de _____
Nombre Del Paciente

Proporciono asistencia financia: 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