

Contribution Statement

Contact the Department

Mail: P.O. Box 83720, Boise, ID 83720-0026

Phone: 1-877-456-1233

Fax: 1-866-434-8278

Online: healthandwelfare.idaho.gov

To be completed and signed by the person making the contribution or loan

Please indicate below the type of help you are or will be providing to:

Name of customer: _____ Case Number (if known): _____

Help given or paid	Date given or paid	Purpose or reason given or paid	Amount given or paid	How often given or paid	Expect to continue?	Is this a Loan?	Do you have a repayment agreement?
<input type="checkbox"/> Money/cash directly to them					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Paid their rent directly to their landlord					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Paid their utilities directly to utility company					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Gave them a place to live with me					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Paid bill directly to: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Paid bill directly to: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Paid bill directly to: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Idaho Code 56-227 "anyone who aids or abets another by making false statements or representations orally or in writing, shall be punished in the same manner for larceny." By signing below you are certifying that the information is true and correct.

Printed name of person providing help	Relationship to customer	Daytime Phone
Address		Mailing address, if different
Signature of person providing help		Date