**Template for clients receiving third party support for completion by the third party as evidence for means assessment.**

|  |  |
| --- | --- |
| Client Name |  |
| Name of person providing support |  |
| Address of person providing support |  |

|  |  |  |
| --- | --- | --- |
| Type of Support | Yes | No |
| Accommodation only |  |  |
| Basic needs/subsistence non-financial |  |  |
| Financial |  |  |

If financial support is provided, please confirm the value and frequency of the payments.

|  |  |
| --- | --- |
| **Amount** | £ |
| **Frequency: Weekly, Monthly etc** |  |

|  |  |
| --- | --- |
| **Please state relationship to client** |  |

|  |  |
| --- | --- |
| **Date support started** |  |
| **Signed:** |  |
| **Dated:** |  |