**GOVERNMENT OF GUAM**

**DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES**

**(DIPATTAMENT SALUT PUBLEKO YAN SETBISION SUSIAT)**

**DIVISION OF PUBLIC WELFARE \* BUREAU OF ECONOMIC SECURITY**

123 Chalan Kareta, Route 10 \* Mangilao, Guam 96923

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| **STATEMENT OF LIVING ARRANGEMENT** |
| (If you are living with others, do not have bills, receipts or agreement, you can use this form.)**Case Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **(TO BE COMPLETED BY OWNER / LANDLORD / HOUSEMATE)** |
| The above-named client resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with the following arrangements for shelter expense and food: |
| **SHELTER EXPENSE (Check one)****Note: If living with others, please attach applicable current bills / receipts.** |
| [ ]  Monthly shelter expenses (Indicate below, the amount the client pays for the following expenses)

|  |  |  |
| --- | --- | --- |
| Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_ | Sewer $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Power $\_\_\_\_\_\_\_\_\_\_\_\_\_ | Trash $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Water $\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cooking Fuel $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (How often purchased? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

[ ]  Monthly flat rate of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which includes the following utilities:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Power | [ ]  Sewer | [ ]  Cooking Fuel | [ ]  None |
| [ ]  Water | [ ]  Trash | [ ]  Telephone |  |

[ ]  No shelter expenses at this time[ ]  Other (Please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MEAL ARRANGEMENT** |
| Is the above-named client severely disabled that he / she cannot purchase or prepare his /her meals?[ ]  NO, answer Section A only.[ ]  YES, answer Section B only and a *Physician’s Certification Form* is needed. |
| **Section A:** | Does the above-named client purchase and prepare his / her meals separately from the other household members / family?[ ]  YES [ ]  NO |
| **Section B:** | Does the above-named disabled client have an arrangement to have his / her meals purchased and prepared separately from the other household members / family?[ ]  NO[ ]  YES. Please provide the following information about the individual that purchases and prepares the meal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Please Print) Relationship to Client  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner/Landlord/Housemate Name Owner/ Landlord / Housemate Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number DateCONCURRED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s Name / Signature Date |