



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES
 (DIPATTAMENT SALUT PUBLEKO YAN SETBISION SUSIAT)
 DIVISION OF PUBLIC WELFARE * BUREAU OF ECONOMIC SECURITY
 RAN-CARE Commercial Bldg. CBU #207, 761 S. Marine Corps Dr. Tamuning, GU 96913



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

Date

CONCURRED BY: _____

Client's Name / Signature

Date