



Family Matters Mediation

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	
Date	