Family Matters Mediation

Clients receiving third party support for completion

|  |  |
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|  **WHO ARE YOU SUPPORTING** |  |
| **YOUR NAME** |  |
| **YOUR ADDRESS**  |  |

by the third party as evidence for means assessment.

|  |  |  |
| --- | --- | --- |
| **TYPE OF SUPPORT** | **Yes** | **No** |
| ACCOMMODATION ONLY  |  |  |
| BASIC NEEDS/SUBSISTENCE NON-FINANCIAL  |  |  |
| FINANCIAL  |  |  |

If you are supporting the person financially please tell us how much and how often support is being paid.

|  |  |
| --- | --- |
| **HOW MUCH**  | £ |
| **HOW OFTEN (Underline or delete)** | Daily/ Weekly,/Monthly |

|  |  |
| --- | --- |
| **WHAT IS YOUR RELATIONSHIP TO THE PERSON YOU ARE SUPPORTING?**  |  |

|  |  |
| --- | --- |
| **WHEN DID YOU START SUPPORTING THEM?** |  |
| **Signed**  |  |
| **Date** |  |