



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



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

