

# Financial Stability Statement

Ohio Department of Mental Health, Office of Licensure and Certification

30 E Broad St. Suite 742, Columbus, Ohio 43215

Mail or Fax to (614) 485-9739

In applying to participate in the Adult Foster Home Certification and Residential Supplement Services (RSS) programs, I \_\_\_\_\_ have been informed that a care provider must have an income which is stable and sufficient to support him/her and his/her family. These programs require that care providers not be dependent on the Adult Foster Home client's payments.

By signing this statement, I am declaring that my family's income from:

Income Source 1: \_\_\_\_\_

Income Source 2: \_\_\_\_\_

Income Source 3: \_\_\_\_\_

is adequate to meet our expenses independently of any payments that would be given me by the Adult Foster Home client who would share my home.

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date