Reset Form

STATE OF DELAWARE
Department of Human Resources
Statewide Benefits Office

STATEMENT OF SUPPORT

Employee/Pensioner Name: _____ **Employee/Pensioner ID#:**_____
Dependent Name: _____ **Date:** _____

TYPE OF EXPENSE	TOTAL COST OF SUPPORT	AMOUNT PAID BY DEPENDENT	AMOUNT PAID BY MOTHER	AMOUNT PAID BY FATHER
Lodging Furnished	$	$	$	$
Food**				
Medical & Dental Care				
Transportation				
Clothing				
Contributions				
Entertainment & Recreation				
Tuition (Room & Board, etc.)				
Other: (list)				
TOTALS	$ 0.00	$ 0.00	$ 0.00	$ 0.00

1. Is anyone else (e.g., former spouse or natural parent) providing support on behalf of this child? ☐ Yes ☐ No
   a. Name of person providing support: _____
   b. Relationship: _____
   c. Amount of support provided per month: _____
   d. By Court Order? ☐ Yes ☐ No

2. Does this person provide coverage for:
   a. Health ☐ Yes ☐ No Insurance Provider's Name: _____
      Policyholder's I.D. #: _____
   b. Prescription ☐ Yes ☐ No Insurance Provider's Name: _____
      Policyholder's I.D. #: _____
   c. Dental ☐ Yes ☐ No Insurance Provider's Name: _____
      Policyholder's I.D. #: _____
   d. Vision ☐ Yes ☐ No Insurance Provider's Name: _____
      Policyholder's I.D. #: _____

_____ _____

Employee's/Pensioner's Signature **Date**

_____ _____

Dependent's (Residential) Street address **Date**

_____ _____

Dependent's City, State and Zip Code **Date**

- **A statement of Support form must be completed to substantiate support of a child between the ages of 19 and 24 not born to, legally adopted, or lawfully placed for adoption by an employee/pensioner.**
- **A Statement of Support form must be completed and accompany the Full-Time Student Certification form by August 1 for Fall Semester, December 1 for Spring Semester and any time a change in status occurs.**
- **A Statement of Support form must have attached a copy of the documents indicating legal guardianship, permanent guardianship or custody order.**
- **A Statement of Support form, with supporting documentation must be completed for each child regardless of age.**
- **Employee/Pensioner must sign form.**

The completed form with supporting documentation must be returned to your HR/Benefits Office to be retained on file for auditing purposes by SBO.

Original: 7-26-11
Revised: 11-19-14
Revised: 01-25-18

Email Form