

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	\$	\$	\$	\$

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Provider's Name: _____
		Policyholder's I.D. #: _____
b. Prescription	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Provider's Name: _____
		Policyholder's I.D. #: _____
c. Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Provider's Name: _____
		Policyholder's I.D. #: _____
d. Vision	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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