

Declaration of Dependency Form (Elderly Care)

A **declaration of dependency form** sample for elderly care is a crucial document used to confirm the financial or caregiving support provided to an elderly individual. It outlines the dependent's details and the nature of support, facilitating legal and healthcare processes. This form ensures proper acknowledgment and verification of the dependency status for effective care planning.

1. Dependent (Elderly Person) Information

Full Name:

Date of Birth:

Address:

2. Declarant (Caregiver/Support Provider) Information

Full Name:

Relationship to Dependent:

Address:

Contact Number:

3. Nature of Support Provided

Please describe the type of support provided (e.g., financial, daily care, medical assistance):

Duration and Frequency of Support:

4. Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Declarant's Signature:

Date: