SOCIAL SERVICE DOCUMENTATION FORM

INSTRUCTIONS: STUDENT MUST COMPLETE NUMBERS 1 THROUGH 7. HAVE THIS FORM COMPLETED BY YOUR SOCIAL SERVICES ADMINISTRATOR. RETURN THIS FORM DIRECTLY TO THE HEOP OFFICE **WITHIN 10 DAYS**.

1. STUDENT'S NAME: _____
   LAST FIRST MIDDLE

2. CASE NAME: _____
   LAST FIRST MIDDLE

3. SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

4. ADDRESS: _____
   NO. & STREET CITY STATE ZIP CODE

5. TELEPHONE NO: (_____) _____

6. WRITE YOUR NAME AND THE NAMES OF ALL OTHER HOUSEHOLD MEMBERS:

_____ _____

_____ _____

_____ _____

7. **AUTHORIZATION TO RELEASE INFORMATION:**

I GIVE THE SOCIAL SERVICE ADMINISTRATION AUTHORITY TO DISCLOSE AND RELEASE THE AMOUNT OF 20_____ SOCIAL SERVICE BENEFITS RECEIVED BY ME AND INDIVIDUALS LISTED IN #6.

_____
STUDENT'S SIGNATURE & SOCIAL SECURITY NO.

_____
MOTHER'S SIGNATURE & SOCIAL SECURITY NO.

_____
FATHER'S SIGNATURE & SOCIAL SECURITY NO.

TO BE COMPLETED BY SOCIAL SERVICES ADMINISTRATION

FILL IN THE TOTAL AMOUNT PAID TO EACH INDIVIDUAL LISTED IN THE HOUSEHOLD FROM 1/ 20_____ TO 12/ 20 _____

_____ _____

_____ _____

_____ _____

_____ _____
SIGNATURE AND STAMP OF SOCIAL SERVICES OFFICER DATE

_____
ADDRESS & PHONE NO. OF DISTRICT OFFICE

PLEASE RETURN ALL COPIES TO THE HEOP OFFICE, ST. JOHN FISHER COLLEGE, 3690 EAST AVENUE, ROCHESTER, N.Y. 14618