

Social Services Documentation Form

Only complete this form if someone in your household received Social Services.
 Items 1-7 to be completed by student and parent/guardian.

- Student Name: _____
Last First M.I.
- Date of Birth: / / 3. Telephone Number: _____
Area Code & Number
- Case Name: _____
Last First M.I.
- Case Number: _____
- Address: _____
No & Street City State Zip

7. RELEASE OF INFORMATION:

I give the Social Services Administrator authority to disclose the amount of **2020** Social Services benefits paid to me and the individuals listed in #3.

_____	_____
Student Signature	Social Security Number
_____	_____
Mother/Guardian Signature	Social Security Number
_____	_____
Father/Guardian Signature	Social Security Number

Items 8-9 to be completed by Department of Social Services.

- This is to certify that the client listed above, _____, received Social Service benefits during the **2020** calendar year. **TOTAL BENEFITS RECEIVED** from *1/2020 through 12/2020* were _____.
- The total number of family members was _____. The student listed in Item #1 above was a part of the case during 2020.

_____	_____
Signature of Social Services Representative	Date

ADDRESS & PHONE NUMBER OF DISTRICT OFFICE STAMP HERE

Please return all copies to:
 Arthur O. Eve HEOP Office - Daemen College
 4380 Main Street • Amherst, NY 14226
 Submission Portal: apply.daemen.edu/apply
 EMAIL: heop@daemen.edu
 Please call (716) 839-8249 with inquiries.