ARTHUR O. EVE HEOP DAEMEN

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.

1. Student Name: _____
   Last First M.I.

2. Date of Birth: / / 3. Telephone Number: _____
   Area Code & Number

4. Case Name: _____
   Last First M.I.

5. Case Number: _____

6. Address: _____
   No & Street City State Zip

7. **RELEASE OF INFORMATION**:

   I give the Social Services Administrator authority to disclose the amount of **2019** 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.

8. This is to certify that the client listed above, _____, received Social Service benefits during the **2019** calendar year. **TOTAL BENEFITS RECEIVED** from *1/2019 through 12/2019* were _____.

9. The total number of family members was _____. The student listed in Item #1 above was a part of the case during 2019.

_____ _____
Signature of Social Services Representative Date

ADDRESS & PHONE NUMBER OF DISTRICT OFFICE

STAMP HERE

Please return all copies to:

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Submission Portal: www.daemen.edu/heop
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