

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 **2018** 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 **2018** calendar year. **TOTAL BENEFITS RECEIVED** from *1/2018 through 12/2018* were _____.
9. The total number of family members was _____. The student listed in Item #1 above was a part of the case during 2018.

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
FAX: (716) 566-7839 • EMAIL: heop@daemen.edu
Please call (716) 839-8249 with inquiries.