Suffolk County Department of Social Services

CONSENT FOR VERIFICATION OF INFORMATION

NAME OF APPLICANT OR RECIPIENT	SOCIAL SERVICES DISTRICT	DATE

I, the undersigned, hereby give my consent to the above identified Department of Social Services to verify information relating to my eligibility for public assistance and care, food stamps and other benefits under the Social Services Law, as follows:

Yo, el abajo firmante, por este medio doy mi consentimiento al Departamento de Servicios Sociales identificado arriba para que verifique información relacionada con mi elegibilidad para la Asistencia Pública y cuidado, cupones de alimentos y otros beneficios bajo la Ley de Servicios Sociales de la siguiente manera:

NAMES OF SPECIFIC SOURCES FOR CONTACT NOMBRES DE FUENTES ESPECÍFICAS PARA COMUNICARSE
All Banks and Financial Institutions Todos los Bancos e Instituciones Financieras
All Educational facilities and Employers Todas las Instituciones educativas y Empleadores.
All Government Agencies Todas las Agencias Gubernamentales
All Landlords and Rental Agents Todos los arrendadores y Agentes de Alquileres
All Doctors and Medical or Psychiatric Facilities Todos los Doctores e Instituciones Médicas o Psiquiátricas

X_____ _____

Signature of Applicant or Recipient — Date
Firma del Solicitante o Benficiario — Fecha

If signed with an X a witness other than the caseworker or Department representative should be obtained.

X_____ _____

Signature of Witness — Date
Firma del Testigo — Fecha

X _____

Signature of Caseworker or Department Representative

SCO 2232-C (3/03)