



Suffolk County Department of Social Services

HOUSING PACKET COVER PAGE

Case Name: _____

Case Number: _____

Last 4 digits of SS#: _____

Contact #: _____

Please describe your reason for requesting assistance with this housing relocation:

*Written verification of the need to move must be submitted with your housing packet.
(Eviction Notice, Police Report, Health Department Report, etc.)*

Indicate the requested type of assistance:

SSP

Section 8

Other: _____

Housing packets **must** be hand delivered to the appropriate DSS Center. You **must** see a worker for packet review before leaving the center:

- Coram
- Riverhead
- Smithtown
- Southwest

If you are in DSS Temporary Housing, your packet MUST be submitted to the shelter case manager for final review.