

SOCIAL SERVICE DOCUMENTATION FORM

INSTRUCTIONS: STUDENT MUST COMPLETE NUMBERS 1 THROUGH 6. HAVE THIS FORM COMPLETED BY YOUR SOCIAL SERVICES ADMINISTRATOR. RETURN THIS FORM DIRECTLY TO THE ACADEMIC OPPORTUNITY PROGRAM OFFICE **WITHIN 10 DAYS**.

1. STUDENT'S NAME: _____
LAST FIRST MIDDLE

2. CASE NAME: _____
LAST FIRST MIDDLE

3. ADDRESS: _____
NO. & STREET CITY STATE ZIP CODE

4. TELEPHONE NO: (____) _____ DATE OF BIRTH _____

5. WRITE YOUR NAME AND THE NAMES OF ALL OTHER HOUSEHOLD MEMBERS & THEIR RELATIONSHIP TO YOU :

	SELF	

6. **AUTHORIZATION TO RELEASE INFORMATION:**
 I GIVE THE SOCIAL SERVICE ADMINISTRATION AUTHORITY TO DISCLOSE AND RELEASE THE AMOUNT OF **2021 SOCIAL SERVICE CASH BENEFITS RECEIVED** BY ME AND INDIVIDUALS LISTED IN QUESTION #5.

 STUDENT'S SIGNATURE & SOCIAL SECURITY NO.

 GUARDIAN SIGNATURE & SOCIAL SECURITY NO.

 MOTHER'S SIGNATURE & SOCIAL SECURITY NO.

 FATHER'S SIGNATURE & SOCIAL SECURITY NO.

TO BE COMPLETED BY SOCIAL SERVICES ADMINISTRATION

FILL IN THE **TOTAL CASH AMOUNT (ONLY)** PAID TO EACH INDIVIDUAL LISTED (ABOVE) IN THE HOUSEHOLD FROM **JANUARY 1, 2021 TO DECEMBER 31, 2021**.

<u>NAME</u>	<u>AMOUNT</u>	<u>NAME</u>	<u>AMOUNT</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

PLEASE CHECK ALL THAT APPLY

RECEIVED SNAP BENEFITS IN THE AMOUNT OF \$ _____

RECEIVED RENT ASSISTANCE IN THE AMOUNT OF \$ _____

 SIGNATURE AND NOTARY STAMP OF SOCIAL SERVICES OFFICER

 DATE

 ADDRESS & PHONE NO. OF DISTRICT OFFICE

PLEASE RETURN ALL COPIES TO:
BRITTANY ZEAGER, ACADEMIC OPPORTUNITY PROGRAM OFFICE, ST. JOHN FISHER UNIVERSITY,
3690 EAST AVENUE, ROCHESTER, N.Y. 14618
P: 585-385-8036 E: HEOP@SJF.EDU