Memo To: Vance County Department of Social Services
Attention: Administration Services
From: Henderson-Vance Recreation & Parks Department
Subject: Verification of Public Assistance Status

The undersigned authorizes the Henderson-Vance Recreation & Parks Department to ascertain from the Department of Social Services my status as a public assistance client, an authorizes the Vance County Department Of Social Services to provide information relative to my status as a public assistance recipient. The Department of Social Services is specifically authorized to provide information in the following categories.

Please indicate all types of assistance you feel you are receiving from the Vance County Department of Social Services

	Type of Assistance	For Office Use Only Verified by HVPRD
☐	Welfare (monthly check)	
☐	Food Stamps	
☐	Counseling (services)	
☐	Medical	
☐	Other (Either Welfare, Food Stamps or Medical)	

Date Verified: _____ Initial HVPRD Worker: _____

This authorization is given with the understanding that the release of this information is governed by the state and federal statutes and regulations, and that the revelation of such information is a criminal violation. Consequently, this authorization is limited to the information necessary to determine my eligibility for services from the Henderson-Vance Recreation & Parks Department and its use to only those individuals necessary in making that determination. This information is given of my own free will and not under duress of any kind.
This the _____ day of _____, 20 _____.

Applicant signature: _____
_____ _____
Applicant's Full Name (First, MI, Last)   Applicant's Social Security Number
_____
Applicant's (Street Address, City, State, & Zip Code)
_____ _____
Child's Name/Social Security Number   Child's Name/Social Security Number
_____ _____
Child's Name/Social Security Number   Child's Name/Social Security Number
_____ _____
Child's Name/Social Security Number   Child's Name/Social Security Number

Submitted by:_____ Title:_____ Date:_____

Approval Signature: _____ _____
                         (HVPRD Director or Appointed Designee)   (Date)