

CIVIC SENIOR CITIZENS, INC.

1200 Main Street
Aliquippa, PA 15001

RELEASE OF INFORMATION

I, _____, HEREBY GRANT
(Please print full name)

PERMISSION TO THE DEPARTMENT OF WELFARE TO RELEASE INFORMATION ON MY FAMILY'S CASH ASSISTANCE BENEFITS TO THE BEAVER COUNTY HEAD START PROGRAM. THE PARENT/GUARDIAN RECEIVING THE CASH ASSISTANCE FOR THE FAMILY MEMBERS MUST SIGN BELOW.

SOCIAL SECURITY #

PARENT/GUARDIAN'S SIGNATURE

DATE

WITNESS

DATE

CHILD'S NAME: _____

AREA: _____

(DEPARTMENT OF PUBLIC WELFARE USE ONLY)

LIST CHECKS FOR THE PAST 12 MONTHS

DATE	AMOUNT	DATE	AMOUNT

VERIFIED BY: _____



BEAVER COUNTY HEAD START
1200 Main Street, Aliquippa, PA 15001
(724) 375-2300 - FAX (724) 375-5431

EARLY HEAD START OF BEAVER COUNTY
351 Rhode Island Avenue, Rochester, PA 15074
(724) 775-8812 or (888) 824-8848
FAX (724) 775-8138

