

FINANCIAL ASSISTANCE APPLICATION ADDENDUM

Information provided will remain confidential
Caroline County Recreation & Parks
107 South 4th Street, Denton, MD 21629
PHONE 410-479-8120 - FAX 410-479-4194

Dear Program Applicant,

Thank you for inquiring about our Financial Assistance Program. In order to best serve you we must verify that you have an active case with the Caroline County Department of Social Services. Please sign the release below so that we may process your request. The information gathered will only be used to determine your eligibility for the Financial Assistance Program with the Caroline County Recreation and Parks.

To be completed by customer:

I _____ (name) authorize Caroline County DSS to release the requested information to be used by the Caroline County Recreation and Parks to determine my eligibility for financial assistance to participate in programming.

Signature _____ Social Security # _____ Date ___/___/___

To be completed by Caroline County DSS:

Type of Benefit Received (please check as appropriate):

FS _____

TCA _____

Other (please specify) _____

Form completed by (print name): _____

Signature: _____

Date: ___/___/___

Date Faxed: ___/___/___