

Joe Lombardo  
Governor

Laura Rich  
Director



# DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES  
*Helping people. It's who we are and what we do.*



Robert H. Thompson  
Administrator

TANF       MEDICAID       SNAP



Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_

**AUTHORIZATION:** I authorize you to release to the Division of Social Services the requested information.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL AID

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Student's Status:    Full-time    Half-time or More    Less than Half-time

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT FINANCIAL AID THE ABOVE-NAMED STUDENT RECEIVED/WILL BE RECEIVING

(1) Gross Grant Amount \_\_\_\_\_ Time Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

Source: \_\_\_\_\_ Date Received/Will Receive: \_\_\_\_\_

Funding (Check One):    TITLE IV    OTHER FEDERAL    NON-FEDERAL

(2) Gross Grant Amount \_\_\_\_\_ Time Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

Source: \_\_\_\_\_ Date Received/Will Receive: \_\_\_\_\_

Funding (Check One):    TITLE IV    OTHER FEDERAL    NON-FEDERAL

(3) Gross Grant Amount \_\_\_\_\_ Time Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

Source: \_\_\_\_\_ Date Received/Will Receive: \_\_\_\_\_

Funding (Check One):    TITLE IV    OTHER FEDERAL    NON-FEDERAL

(4) Gross Grant Amount \_\_\_\_\_ Time Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

Source: \_\_\_\_\_ Date Received/Will Receive: \_\_\_\_\_

Funding (Check One):    TITLE IV    OTHER FEDERAL    NON-FEDERAL



