



Gina Cardamone
General Assistance Administrator
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Memories Start Here

INFORMATION RELEASE

Client Name: _____

Case# _____

Social Security #: _____

DOB _____

STATEMENT BY APPLICANT: I understand the Administration has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance, therefore I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household.

- Any or all persons, organizations or business referenced in this application;
 - The applicant/household’s bank(s) or financial institutions;
 - Area banks or financial institutions;
 - The applicant/household’s employer(s), past, present, or future;
 - The Department of Health and Human Services or any department of the State of Maine
 - Social Security Administration (SSA);
 - Area Social Service Agencies including York County Community Action Corp, Counseling Services Inc., York County Shelter Program, Caring Unlimited;
 - OOB Beach Police Department or any relevant Law Enforcement Agency as it pertains to GA
 - Relatives;
 - Attorneys; Pine Tree Legal and Caring Unlimited Attorney included
 - Persons/vendors to whom the applicant/household owes or regularly pays money, specifically any utility company, area fuel dealers, automobile dealerships to whom the applicant/household is making payments and
- _____
- Any Physician who has information related to the ability of the applicant to work or to receive other benefits;
 - The following specific sources or information: _____
 - **This release is valid for one (1) Year from the date signed. I may revoke this part of my GA contract in writing at any time. Refusal to sign may result in my not being eligible to receive assistance.**

This release will expire one year from the date signed below

Applicant’s Signature: _____

Date: _____

General Administrator: _____

Date: _____