



# 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: \_\_\_ / \_\_\_ / \_\_\_