

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE**

**AUTHORIZATION FOR RELEASE
OF INFORMATION**

CASE IDENTIFICATION	
COUNTY	CCMIS RECORD NUMBER

NAME _____

ADDRESS _____ ZIP CODE _____

I hereby authorize and request the disclosure to the Child Care Information Services (CCIS) agency to contact reliable sources for knowledge of information pertinent to verification of: identity; residence; employment; education and training activities; family size and composition; care and control of child(ren) residing with a grandparent, aunt or uncle; reasons for subsidy suspension; income; and any additional information pertinent to eligibility for the Subsidized Child Care Program for myself and/or those individuals on whose behalf subsidy benefits are paid. I understand that the information obtained will be used only for purposes directly related to the determination of eligibility for the Subsidized Child Care Program.

PARENT/CARETAKER SIGNATURE

DATE

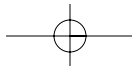
PARENT/CARETAKER SIGNATURE

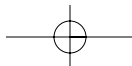
DATE

CCIS REPRESENTATIVE SIGNATURE

DATE

ORIGINAL CASE RECORD FILE





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PARENT/CARETAKER COPY

