



Financial Aid Office  
Submit form:  
[Document Submission Portal](#) or by mail  
PO Box 2000, Cortland, NY 13045-0900

## SOCIAL SERVICES BENEFITS VERIFICATION FORM

**STUDENT:** You have indicated that you or family members received Social Service benefits in 2020. In order to assess your financial eligibility for the EOP program, please complete the following section then submit this form to your Social Services caseworker. The caseworker must complete the bottom section for you. **Please return completed form to the address on this form or through the [Document Submission Portal](#).**

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Cortland ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Release of Information:** I give Social Services Administration the authority to disclose the amount of Social Services benefits paid to myself and family members in 2020.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CASEWORKER:** We appreciate your help in establishing the student's financial eligibility by providing the following information. If you have any questions please call the Financial Aid Office at the number below.

Case Number: \_\_\_\_\_ Name of Payee: \_\_\_\_\_

Period of Coverage During 2020 \_\_\_\_\_

Type of Assistance Received in 2020 \_\_\_\_\_

Total Cash Grant Received in 2020 \_\_\_\_\_

Family members covered under this case include: \_\_\_\_\_  
\_\_\_\_\_

Other Sources of Income this household may be receiving \_\_\_\_\_

To your knowledge, did the student/family receive assistance prior to 2020? \_\_\_\_\_

Caseworkers' Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Agency \_\_\_\_\_

Agency Address \_\_\_\_\_