



Town of Paris

General Assistance

33 Market Square, South Paris, ME 04281

207-743-2501/207-743-6718

www.parismaine.org

Client Release of Information

Name: _____ Social Security Number: _____

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

- Any or all persons, organizations, or businesses referenced in this application;
- The applicant/household's past, present and/or future landlord;
- The applicant/household's bank(s) or financial institutions;
- The applicant/household's present, past or potential employer(s);
- The Department of Health and Human Services or any Department of the State of Maine, the Federal Government, or the Town of Paris including but not limited to: Probation Officers, Motor Vehicle Department, Social Security Administration, Homeland Security, Immigration & Naturalization, Maine Department of Labor, Unemployment, Vocational Rehabilitation, etc.;
- Area Social Service agencies, The Maine Way Inc., Representative Payee Services, etc.;
- Relatives;
- Persons/Vendors to whom the applicant/household owes or regularly pays money, including but not limited to: any utility company, the area fuel dealer(s), automobile dealerships, etc.;
- Any physician who has information related to the ability of the applicant(s) to work or receive other benefits;
- Counseling Services, Partial Hospital Services, or other mental healthcare facility and/or professional;
- The Paris Police Department;
- Local subsidized housing programs;
- Attorneys;
- The following specific sources of information (specify): _____

I understand that for the purpose of life and safety the Town of Paris Code Enforcement Officer may complete inspection on my unit, if one has not been completed in the past year. I also understand that if I commit General Assistance fraud, information pertaining to the fraud may be released to the Paris Police Department or DHHS fraud investigators. This release is valid for one (1) year from the date signed.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Administrator Signature _____ Date _____