



# ONEIDA COUNTY WORKFORCE SYSTEM SOCIAL SERVICES RELEASE of INFOMATION



WORKFORCE STAFF: \_\_\_\_\_

DATE: \_\_\_\_\_

## **APPLICANT INFORMATION:**

NAME: \_\_\_\_\_  
First Last Middle Initial Social Security Number

ADDRESS: \_\_\_\_\_  
Number and Street City/Town State Zip Code

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TO THE DEPARTMENT OF SOCIAL SERVICES: This authorizes you to provide Oneida County Workforce Development, Working Solutions and the Herkimer Madison Oneida Workforce Development Board, information regarding my case to assist in the determination of my eligibility for services and programs funded under the Workforce Innovation and Opportunity Act (WIOA).

I understand that I may have a copy of this authorization for my records.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ATTACH A COPY OF THE INQUIRY SCREEN FOR THIS CASE AS DOCUMENTATION,  
PER FEDERAL DATA VALIDATION REQUIREMENTS

According to the Oneida County Department of Social Services, the above individual IS \_\_\_\_ / IS NOT \_\_\_\_ currently receiving Public Assistance.

☐ SN \_\_\_\_\_ ☐ TANF \_\_\_\_\_ ☐ SNAP \_\_\_\_\_ ☐ OTHER \_\_\_\_\_

Oneida County Department of Social Services Representative: \_\_\_\_\_

Date: \_\_\_\_\_

