



Social Services Request Form

I, _____, have requested the assistance of Western Maryland Health System personnel to act on my behalf to obtain documentation of my participation in state/federal assistance programs, included but not limited to assistance from the Department of Social Services; SNAP, TANF, Medical Assistance, or other special programs. I therefore grant Western Maryland Health System personnel permission to request, receive and review my information as it pertains to eligibility for Financial Assistance offered by Western Maryland Health System.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF WITNESS

DATE