WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES AUTHORIZATION FOR INFORMATION

Name:	Social Security Number:					
Address:						
	Case Number:					
I do hereby authorize person to furnish any Health and Human Re	information con	ncerning me of	r my affairs to the	e West Virgini		
Signature of Client				Date		
Signature of Witness (Only if signed with a mark "X"			k "X")	Date		
REPORT OF CH	IECKING / SAV	INGS ACCOU	NTS OR OTHER	FINANCIAL I	HOLDINGS	
то:		ient Name:				
Address:						
FINANCIAL OFFICE	۹:					
In compliance with th Department of Health above named individu Current Account Bala	and Human R al. ances Che	esources, we cking \$	•	e following inf	•	
Other financial holdin					YES NO	
lf "Yes", please list:		·				
	CD \$	Trust Ac	count \$	Othe	er \$	
Amount of Monthly Deposits and Withdrawals for the Last Three Months Is there a safe depos	Month	Deposits \$ \$ \$ \$ \$ YES	Withdrawals \$ \$ \$ \$ \$ \$ \$ \$ NO	Deposits \$ \$ \$ \$	Withdrawals \$ \$ \$ \$ \$ \$ \$	
Signature or Stamp of Financial Officer				Date		
Please return to:	WV DHHR Offic	ce,				