

CONNECTICUT DEPARTMENT OF AGRICULTURE
ANIMAL POPULATION CONTROL PROGRAM

PERMISSION TO DETERMINE ELIGIBILITY

Name _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

I give the Connecticut Department of Social Services (DSS) permission to disclose to the Connecticut Department of Agriculture (DAG), my eligibility status for the following DSS program(s).

Do you receive assistance from any of the following programs? Check any that apply.

____ SNAP

____ HUSKY A

____ Medicaid

____ Care 4 Kids

____ SAGA/LIA

____ State Supplement

____ Temporary Family Assistance (TFA)

I understand my eligibility information provided in response to this release is no longer protected by DSS privacy regulations.

Signature of Individual or Representative

DSS Client ID# or S.S. #

Date

Print Your Name or Representative Name

DSS Official Use Only:

I verify that the above-named individual is eligible for the following DSS Program(s):

____ SNAP ____ TFA ____ Medicaid ____ HUSKY A ____ State Supp ____ SAGA/LIA ____ C4K

Signature of DSS Official

Date