



CAYUGA COUNTY DEPARTMENT OF SOCIAL SERVICES

Raymond Bizzari, Director
Community Services

Christine Bianco, Deputy Director
Social Services

CASE INTEGRITY DIVISION

Name _____ Case Number/Type _____

Address _____

YOUR CASE MAY BE SELECTED FOR A PRE-ELIGIBILITY INVESTIGATION

Dear Applicant:

The purpose of this investigation is to verify items that you stated or listed on your application and/or at your interview.

If an investigation is conducted at your home by a Cayuga County Social Services Investigator, you will be shown identification before the interview begins.

I understand that any investigation may be conducted by the Cayuga County Department of Health and Human Services to verify or confirm the information provided on the application and/or at the interview.

Date

Applicant's Signature

Date

Applicant's Signature

Agency Witness

Date

Agency Comments: _____
