



# SOUTH CENTRAL CHILD DEVELOPMENT, Inc.

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**EXECUTIVE DIRECTOR**  
RICHARD THALER

**CHAIRPERSON**  
SANDRA VANDENHOEK

## RELEASE OF INCOME VERIFICATION

I, \_\_\_\_\_ give permission to

\_\_\_\_\_  
(Agency)

To release verification of my families income currently on file to be used for establishing eligibility for participation in the Head Start program and Child and Adult Nutrition Service Food Program.

Benefit Amount Received \$ \_\_\_\_\_ /mo. Case Number \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
Parent(s) Signature

DATE \_\_\_\_\_

Client income used for certification of benefit eligibility

Annual \$ \_\_\_\_\_

Source of Documentation

Monthly \$ \_\_\_\_\_

\_\_\_\_\_

Weekly \$ \_\_\_\_\_

\_\_\_\_\_

Case Worker:

Date:

**NOTE:** This release is valid for one (1) year after the signed date. A photocopy of this release shall be as valid as the original.