

COLLEGE OF CHARLESTON ASSISTANCE FORM

In compliance with state law and the Welfare Reform Act of 1995, you are requested to complete the following which will NOT be made a part of your personnel files. This information may be reported to the Department of social Services.

Employee: #

Have you received any of the following at any time in the preceding twelve months?

Food Stamps	Yes	No
Housing Assistance	Yes	No
Medical Assistance	Yes	No
General Assistance	Yes	No
Aid Family Dependent Children	Yes	No

Your cooperation is sincerely appreciated.

Signature _____

Date