



Massachusetts Department of Transitional Assistance

CLIENT AUTHORIZATION TO VERIFY VOCATIONAL
REHABILITATION PARTICIPATION

TO: _____
(MRC Counselor)

FROM: _____
(AU Manager)

SUBJECT: _____
(Recipient)

(Social Security Number)

I understand that I am eligible for Emergency Aid to the Elderly, Disabled and Children based on my disability, my financial need, and my participation in a vocational rehabilitation program.

To enable the Massachusetts Department of Transitional Assistance to verify my continuing eligibility for Emergency Aid to the Elderly, Disabled and Children benefits, I give the Massachusetts Rehabilitation Commission permission to verify my participation in a vocational rehabilitation program.

Recipient Signature

Date



Massachusetts Department of Transitional Assistance

CLIENT AUTHORIZATION TO VERIFY VOCATIONAL
REHABILITATION PARTICIPATION

TO: _____
(MRC Counselor)

FROM: _____
(AU Manager)

SUBJECT: _____
(Recipient)

(Social Security Number)

Yo entiendo que soy elegible para el Programa de Ayuda de emergencia para ancianos, incapacitado y niños (EAEDC), basado en mi incapacidad, mi necesidad financiera, y mi programa de rehabilitación vocacional.

Para permitir que el Departamento de Asistencia Transicional de Massachusetts puede verificar mi elegibilidad continua a los beneficios del Programa de Ayuda de emergencia para ancianos, incapacitado y niños (EAEDC), le permito a la Comisión de Rehabilitación de Massachusetts, a que verifique mi participación en un programa de rehabilitación vocacional.

Recipient Signature

Date