**CHILD SUPPORT INCOME VERIFICATION LETTER**

## DATE:

FROM: Shands Jacksonville

OP Financial Services 2000 Boulevard Street

Jacksonville, FL 32209

TO: Child Support Enforcement

Duval County Jacksonville Division 921 N. Davis St. Bldg. A Rm.# 350 Jacksonville, FL 32209

To Whom It May Concern:

The following applicant has applied for medical assistance. Our agency is required to conduct a third party verification of all applicants applying for assistance.

# STATEMENT OF AUTHORIZATION:

I, , authorize the Department of Revenue to release any information or materials which are deemed necessary to complete my determination of eligibility for services.

## Name of Applicant *(Printed)* Signature of Applicant Date

Social Security Number of Applicant Agency Representative *(Signature)* Date

## ---------------------------------------------------------------------------------------------------------------------

**DOR VERIFICATION:**

 The above mentioned person has not registered with our agency or has not received child support payments.

 Find attached records on child support paid to custodial family for the past 12 months

DOR Representative *(Signature)* Title Date

*Revised 3/19/09*