Cattaraugus County Department	of Social Ser	vices'	Name (Last, First, M.I.) "C"	' No.	
Financial Services Unit: CONSENT			Traine (Last, 1 11st, 14.1.)	INO.	
RELEASE PSYCHIATRIC, SUBSTANCI		1112			
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PROBATION, SOCIAL SERVICES ADU	LT SERVICES	-			
AND OTHER SERVICE INFORMATION		S	Sex Date of Birth/	_/	
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Consent form: Department of Social Ser	Consent to Ro			7 1 4760 at	
hereby granted permission to release and/o					e
service records to and from: CAReS (Court			•		. of
Community Services, Cattaraugus Coun	nty Dept. of Soc	cial Serv	vices' Adult Services Units, Cattaraug	us County	y
Probation Dept, NYS Department of Co					
Department of Labor, Jamestown Comm	•		· · · · · · · · · · · · · · · · · · ·		,
Cattaraugus County Dept. of Health, inc Living, Head Start/Even Start programs					
Connecting Communities in Action, Gen				-	
Program	10010 110 4009 110	cora c	orpos bo only und oronic commence,	JC11001	
OTHER:			EXCEPTIONS TO ABOVE:		
					
The information to be disclosed is:					_
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