CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

VOLUNTARY SERVICES CERTIFICATION

(DI EASE TYPE OR DRINT CI EARLY)

(I LEAGE	THE OHITHIN OLLANET		
RECIPIENT NAME	RECIPIENT CASE NUMBER	COUNTY	
PROVIDER NAME	PROVIDER TELEPHONE NUMBER	PROVIDER SOCIAL SECURITY NUMBER (OPTIONAL)*	
PROVIDER STREET ADDRESS	CITY	ZIP CODE	
SERVICES TO BE PROVIDED		DAYS AND/OR HOURS PER MONTH SERVICES	
	Al	ARE TO BE PROVIDED	
I agree to provide the above listed services volume to accept any payment, or reduced payment for		b be compensated but choose not	
PROVIDER SIGNATURE		DATE	
FNOVIDEN SIGNATURE		DATE	
SOCIAL SERVICE WORKER SIGNATURE		DATE	
* FOR IDENTIFICATION PURPOSES ONLY (AUTHORITY: WELFARE	& INSTITUTIONS CODE SECTION 12302.2)		