VOLUNTARY SERVICES CERTIFICATION

(PLEASE TYPE OR PRINT CLEARLY)

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 ARE TO BE PROVIDED

I agree to provide the above listed services voluntarily. I know that I have the right to be compensated but choose not to accept any payment, or reduced payment for the provision of these services

PROVIDER SIGNATURE	DATE
SOCIAL SERVICE WORKER SIGNATURE	DATE

* FOR IDENTIFICATION PURPOSES ONLY (AUTHORITY: WELFARE & INSTITUTIONS CODE SECTION 12302.2)