



COUNTY OF MARIN  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF SOCIAL SERVICES, EMPLOYMENT & TRAINING BRANCH  
**GENERAL RELIEF PROGRAM**

**WORK EXEMPT**       **EMPLOYABLE**

**C-IV & MEDS CLEARANCE**

**APPLICATION DATE:** \_\_\_\_\_

**TO APPLICANT:** Please list your Name, Social Security Number and Date of Birth. List the same information for yourself and other family members who are living with you.

NAME	SEX	BIRTHDATE	SOCIAL SECURITY NUMBER	SSN VERIF.
1.				
2.				

Have you applied for General Relief in Marin County before?    Yes \_\_\_\_\_    No \_\_\_\_\_ .

If so, when? \_\_\_\_\_.

***DO NOT WRITE BELOW THIS LINE***

CASE NAME:	CHECKED BY:	DATE:
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GR CASE #	ACTIVE <input type="checkbox"/> CLOSED <input type="checkbox"/>	E.W. #	DATE OF ACTION:
MEDS FS CASE #	ACTIVE <input type="checkbox"/> CLOSED <input type="checkbox"/>	E.W. #	DATE OF ACTION:
MEDS MC/CMSP CASE #	ACTIVE <input type="checkbox"/> CLOSED <input type="checkbox"/>	E.W.#	DATE OF ACTION:
C-IV CASE #	ACTIVE <input type="checkbox"/> CLOSED <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING <input type="checkbox"/>	E.W.#	DATE OF ACTION: