## 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 th	nat I have the right to be	e compensated but choose not
to accept any payment, or reduced payment for the pro	vision of	these services	
PROVIDER SIGNATURE			DATE
SOCIAL SERVICE WORKER SIGNATURE			DATE
* FOR IDENTIFICATION PURPOSES ONLY (AUTHORITY: WELFARE & INSTIT	TITIONS CO	DE SECTION 12202 2\	