

SUSSEX COUNTY DIVISION OF SOCIAL SERVICES
INQUIRY SHEET

DATE: _____

Inquiry # _____ (office use)

Name: _____

Mailing Address: _____

Phone: _____

Municipality: _____

Marital Status: _____ Age: _____

Residence: _____

Name of Spouse (if applicable):

Age: _____

Names and Ages of Children: _____

Names of Other Household Members (relationship): _____

Earned Income (Gross): _____

Unearned Income (Gross): _____

Type: _____ Amt: _____

Property/Real Estate: _____

Bank Accounts/Savings/Cash Available: _____

Vehicles: _____

How Can We Help You? _____

SEND TO:

Mail:

Email:

Fax:

Sussex Co. Div. of Social Services
P.O. Box 218/83 Spring Street, Suite 203
Newton, NJ 07860

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