

SIXTH:

Upon information and belief, based upon information supplied in

application with [REDACTED] a Medicaid application on April 20, 2022. The amount requested to be

[REDACTED] cost of care from Dependent's \$656.00 per month

VERIFICATION IN PROCEEDING
BY GOVERNMENTAL AGENCY

STATE OF NEW YORK)

~~COURT OF CRIMINAL JUSTICE~~ 23

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF GREENE

In the matter of a Proceeding for Support under
Article 4 of the Family Court Act and Articles 3 and
5 of the Social Services Law

Docket No:

Greene County Department of Social Services

AFFIDAVIT

(o/b/o [REDACTED])

Petitioner,

- against -

[REDACTED]
Respondent,

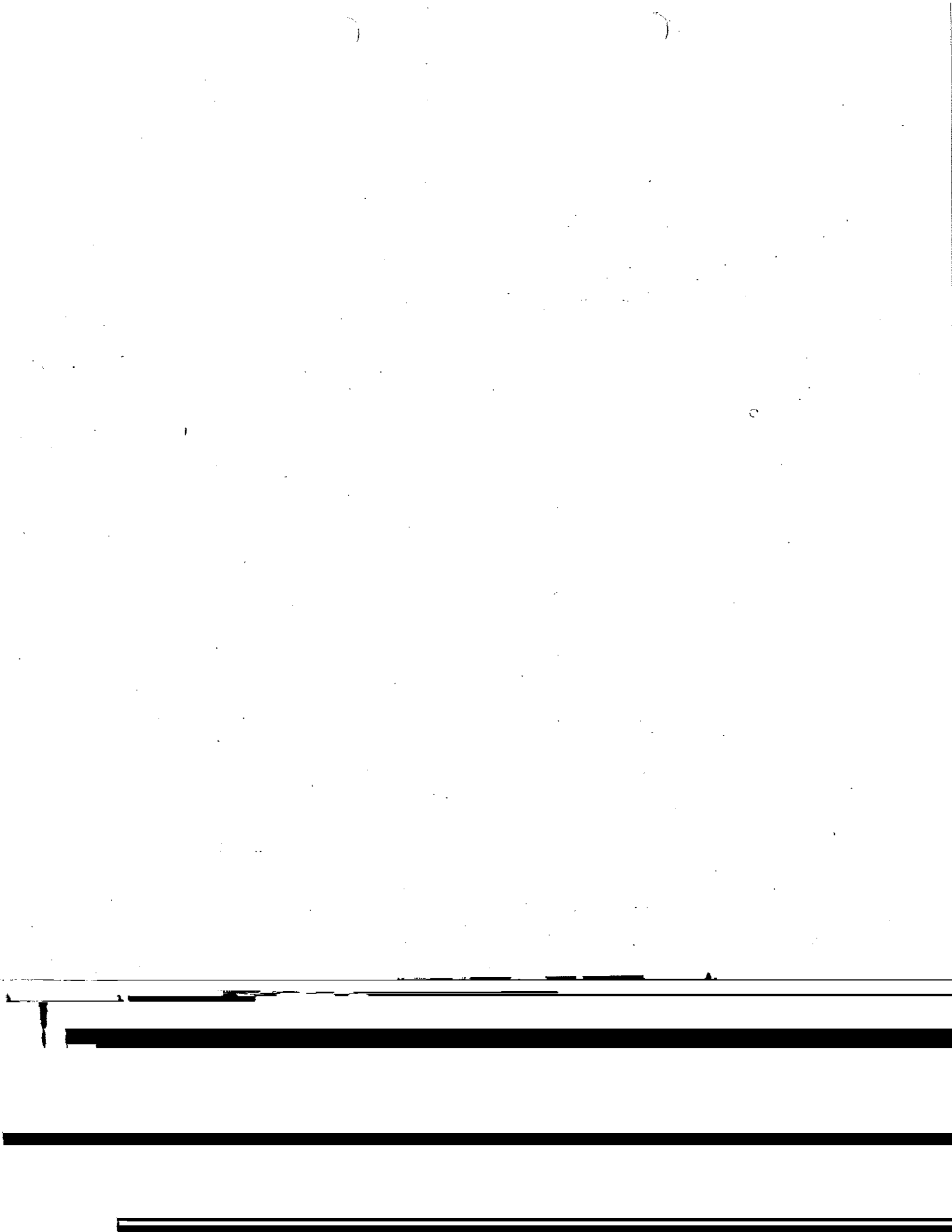
STATE OF NEW YORK)
COUNTY OF GREENE) SS:

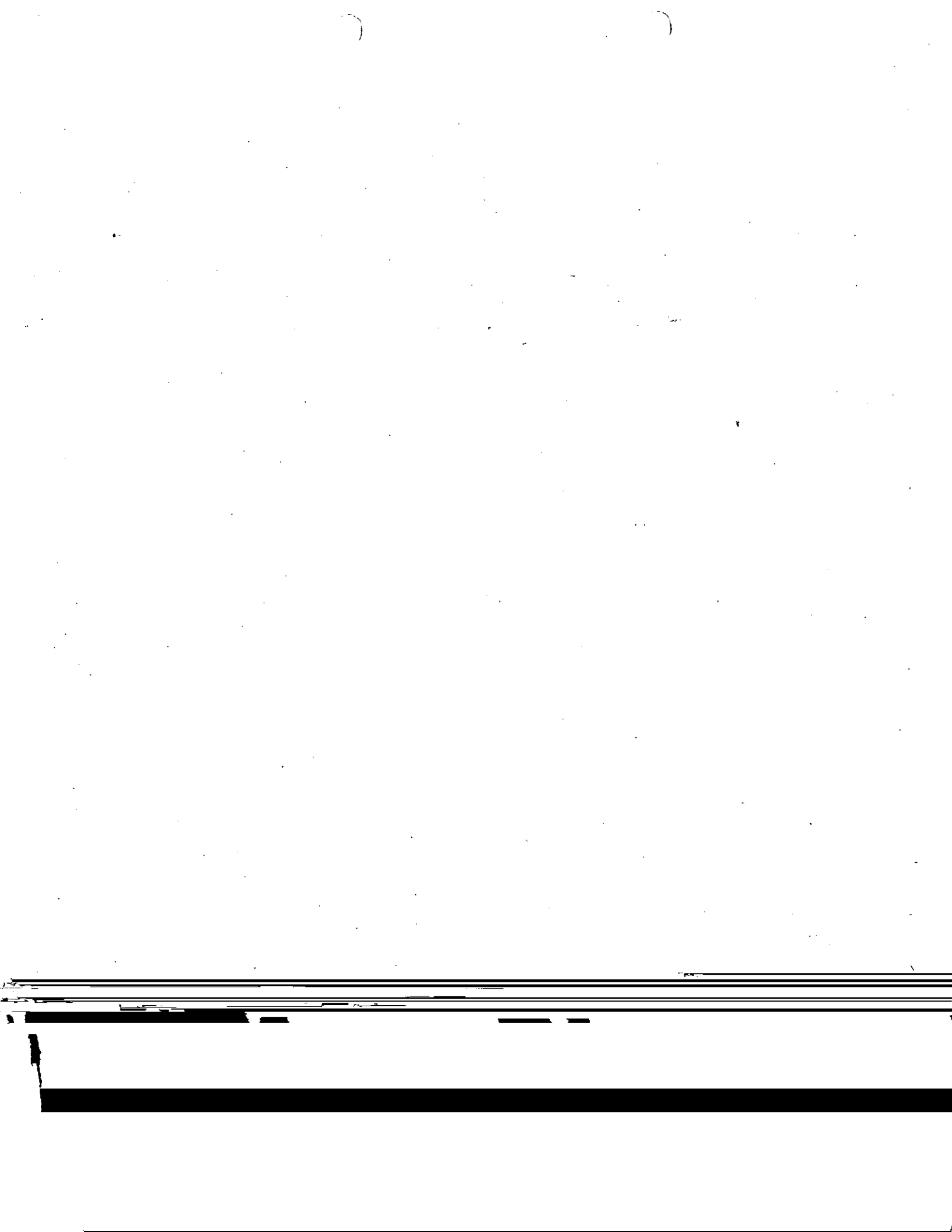
[REDACTED], being duly sworn, deposes and says that:

1 I am employed by the County of Greene as Senior Social Welfare Examiner for

7. Upon information and belief, Respondent has failed to contribute any amount of her income and resources whatsoever towards the cost of medical care for [REDACTED]

8. [REDACTED] Upon information and belief and based upon the information available to me at [REDACTED]





SPOUSAL REFUSAL

RE: [REDACTED]

I, [REDACTED], residing at [REDACTED], am the