



City of South Portland  
PO Box 9422  
25 Cottage Road  
South Portland, ME 04016

Kathleen Babeu  
Director of Social Services

Dear Dr. \_\_\_\_\_:

In order to fairly evaluate the request of \_\_\_\_\_

DOB: \_\_\_\_\_ for assistance from the City of South Portland General Assistance we ask your cooperation in completing the enclosed authorization form and returning it to this office. Our fax # is 207-767-7620.

State regulations require that persons receiving assistance work or participate in activities to prepare them for work unless they are physically or mentally incapable of working. Any information you provide is confidential by Maine State Statute.

Thank you in advance for your cooperation. Should you have any questions, please do not hesitate to contact this office.

Sincerely,

Kathleen Babeu  
Director of Social Services