



General Consent/Authorization for Release of Information

Office Use Only

CASE NUMBER


To be completed by the person giving consent/authorizing release of information (please print): We ask for this information only to verify your identity and to locate your data.

NAME			
STREET ADDRESS		CITY	STATE ZIP CODE
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	

If you get SNAP, cash assistance, health care or child support services, or are a license holder, please provide at least one of these numbers:

MEMBER ID NUMBER (PERSON MASTER INDEX [PMI] NUMBER)		NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER	
SINGLE MEMBER INDEX (SMI) NUMBER	FAMILY DAY CARE LICENSE NUMBER	FOSTER CARE LICENSE NUMBER	

Authorization/Consent: I authorize the Minnesota Department of Human Services (“DHS”) to release the following information about me: **(Must be completed)**

Information about my earned and unearned income; public assistance benefits, including: Minnesota Supplemental Aid (MSA), General Assistance (GA), Supplemental Nutrition Program (SNAP), Minnesota Family Investment Program (MFIP), Housing Support, Worker’s Compensation, Social Security, Supplemental Security Income (SSI); health care benefits, including: Medical Assistance (MA), waivers, MinnesotaCare, Medicare, Medicare Savings Programs; and work incentives. 

The information will be released to: **(Must be completed)**

NAME		COMPANY OR AGENCY		
STREET ADDRESS				
CITY		STATE	ZIP CODE	PHONE NUMBER

The information will be used for: **(Must be completed)**

<p>Information use Benefits planning - to help me understand what will happen to my benefits when I start working.</p>

Consequences: I know:

- state and federal privacy laws protect my records;
- why I am being asked to release this information or that this authorization is made at my request;
- signing this authorization will not affect my treatment, payment, enrollment or eligibility for benefits;
- that, generally, I must give my written consent for DHS to give out the information;
- that if I do not consent, the information will not be released unless the law otherwise allows it;
- I may stop this consent with a written notice to DHS at any time, but this written notice will not affect information DHS has already released;
- My right to stop this authorization may be limited by exceptions stated in DHS' Notice of Privacy Practices, which may be found on the DHS public website;
- that the person or agency that gets my information may be able to pass it on to others;
- that if DHS passes my information on to others, it may no longer be protected by this authorization; and
- that this authorization ends one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE	DATE
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OR

SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE
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800-657-3672 or 651-297-3862

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဂ်ဟ်သးဘဉ်တက့ၢ်.ဖဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကက့ၢ်ထံဝဲဒၣ်လိာ်တိလိာ်မိတၢ်အံၤန့ၢ်,ကိးဘဉ်လိာ်တဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (10-20)



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3672, or use your preferred relay service. ADA1 (2-18)