

GENERAL CONSENT TO RELEASE OF INFORMATION

I hereby give my consent for release of personal information from the records at these entities that may be necessary to coordinate LIFE, Inc. Employment Solutions services and/or assist me in attaining my personal goals and objectives. Agencies and organizations include but are not limited to the following:

Family Support Division	Div. of Aging/Div. of Senior Services	Veterans Administration
EMAA	Child Support & Enforcement	Training & Education Agencies
Vocational Rehabilitation/RSB	Employment Networks/Agencies	CLAIM/CMS/SHIP
Guardians/Power of Attorney	Representative Payee	HUD/USDA Housing
MO Job Center	Regional Centers: Pop. Bluff, Rolla, Sikeston	Dept. of Mental Health/BJC Beh.Health
Other Agencies: _____		

Please provide the requested information below and return by fax, phone, or mail to:

LIFE, Inc. Employment Solutions
PO Box 967, Farmington, MO 63640

Fax: 573-756-3507
Phone: 573-756-4314 / 800-596-7273

Thank You in advance for your time and assistance!

This form will be effective for up to one year from consumer's signature date.

→ **SIGNATURE:** _____ **DATE:** _____

PRINT NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY #: _____ DCN/MEDICAID #: _____

→ REPRESENTATIVE PAYEE / PUBLIC ADMINISTRATOR / GUARDIAN / CONSERVATOR: (when applicable)

SIGNATURE: _____ PRINT: _____ DATE: _____

FAMILY SERVICE DIVISION

Food Stamp Program: Amount Received \$ _____ TANF Program: Amount Received \$ _____ Months Used _____

Medicaid Assistance: Yes/No Spenddown \$ _____ MO HealthNet for Kids: Yes/No – Premium Level \$ _____

Circle One: QMB SLMB-1 SLMB-2/QI QDWI

1619B: Yes/No Month/Year Effective: _____ Ticket to Work Health Assurance (TWhA) Yes/No Premium? _____

Please explain additional FSD benefits or information below.

HUD

Rental Subsidy Program: (please circle) Public Housing Project Based Section 8 Housing Choice Voucher

Total Rent: \$ _____ Amt Consumer Pays: \$ _____ Adults: _____ Children: _____

HUD Employment Incentives: (please circle) Family Self-Sufficiency Individual Savings Account Moving to Work

Earned Income Disregard/Disallowance: 1st twelve months OR 2nd twelve months

Please explain additional HUD benefits or information below.

OTHER SERVICES

Supplemental Aid to Blind: SAB Amount Received \$ _____ Blind Pension: BP Amount Received \$ _____

Child Support Received \$ _____ Child Support Paid Out \$ _____

Please explain additional benefits or information below.

OTHER BENEFITS or ADDITIONAL NOTES

