**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 CMS/ MO 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

MO Protection & Advocacy Other Agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**LIFE, Inc. Employment Solutions** **Fax: 573-756-3507**

PO Box 967, Farmington, MO 63640 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**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

REV 2024

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