Minnesota Department of Human Services

General Consent/Authorization for Release of Information

DHS-3549-ENG
8/03

This information is available in other forms to people with disabilities by contacting us at (651) 296-5764 (voice), or toll free at 1-800-657-3510. TDD users can call the Minnesota Relay at 711 or 1-800-627-3529. For the Speech-to-Speech Relay, call 1-877-627-3848.

To be completed by the person giving consent/authorization (please print):

(This information is being requested solely to verify the identity of the person giving consent/authorization.)

NAME			
ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		

If you are receiving food support, cash assistance, health care or child support services, or are a license holder, please provide at least one of the following numbers:

MEDICAID IDENTIFIER (PMI)	MINNESOTA HEALTH CARE PLAN (MHCP) 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: Candidacy Determination Form

The information will be released to:

NAME	COMPANY/AGENCY		
Carlton County Human Services			
ADDRESS	CITY	STATE	ZIP CODE
14 N 11th street	Cloquet	MN	55720

This information will be used for:

OBTAINING FEDERAL FUNDING FOR LOCAL PROGRAMS

Consequences: I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to the release of this information.
- That, generally, I must give my written consent for DHS to give out the information.
- 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 at any time, but this written notice will not affect information the agency has already released.
- The person or agency who gets my information may be able to pass it on to others.
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.
- This consent will end one year from the date I sign it, unless the law allows for a longer period.

Mail completed form to:
Carlton County Collaborative
14 N 11th St
Cloquet MN 55720

CLIENT SIGNATURE	OR	SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE
DATE:		DATE:

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8/03

General Consent/Authorization for Release of Information

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To be completed by the person giving consent/authorization (please print): (child's info)
(This information is being requested solely to verify the identity of the person giving consent/authorization.)

NAME JANE DOE (FOSTER PARENT James Smith)			
ADDRESS 123 MAIN STREET	CITY METROVILLE	STATE MN	ZIP CODE 55555
DATE OF BIRTH 1-1-2000	SOCIAL SECURITY NUMBER		

If you are receiving food support, cash assistance, health care or child support services, or are a license holder, please provide at least one of the following numbers:

MEDICAID IDENTIFIER (PMI)	MINNESOTA HEALTH CARE PLAN (MHCP) 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:

Candidacy Determination Form

The information will be released to:

NAME Carlton County Human Services		COMPANY/AGENCY	
ADDRESS 14 North Eleventh St.	CITY Cloquet	STATE MN	ZIP CODE 55720

This information will be used for:

OBTAINING FEDERAL FUNDING FOR LOCAL PROGRAMS

Consequences: I know that state and federal privacy laws protect my records. I know:

- Why I am being asked to release this information.
- I do not have to consent to the release of this information.
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- If my information is passed on to others by DHS, it may no longer be protected by this authorization.
- This consent will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE	OR	SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE James Smith
DATE:		DATE: 10-1-2008

Mail completed forms to:
Carlton County Collaborative
14 N 11th St
Cloquet MN 55720