



## Authorization for Release of Information

Date:

County:

Worker Number:

**Information due date:**

Worker Name:

Phone:

Email:

Dear

This form gives you permission to share information with the Department of Human Services (DHS).

Please fill out this form and send it back to us at:

If you have any questions, please call me at the phone number above.

<b>Information Requested</b>
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Please share this information with the Department of Human Services. I give my permission to the person or agency named above to share information about my family or me. I will not hold this person liable for giving information, even if it's confidential. This permission stops \_\_\_\_\_.

Name (please print)	Signature	Date
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Please use the next page to provide a response to this request.





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### Information Requested

SSI-Related Retirement information – Please see the questions on the next page.

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## Response to Request

1. What type of retirement plan is this? (IRA, defined benefit plan or defined contribution plan)

\_\_\_\_\_

2. Does the member have to quit employment to withdraw the funds?

\_\_\_\_ Yes    \_\_\_\_ No

3. Are retirement payments currently made to the member?

\_\_\_\_ Yes    \_\_\_\_ No (skip to question 4)

If so, how often? \_\_\_\_\_

How much is the gross monthly amount? \_\_\_\_\_

4. If retirement payments are not currently received, are interest payments currently made to the member?

\_\_\_\_ Yes    \_\_\_\_ No (skip to question 5)

If so, how often? \_\_\_\_\_

How much are the interest payments? \_\_\_\_\_

5. Is the gross amount the member receives expected to change?

\_\_\_\_ Yes    \_\_\_\_ No (skip to question 6)

If so, when are changes expected? \_\_\_\_\_

6. Can the member cash out this retirement plan?

\_\_\_\_ Yes    \_\_\_\_ No (skip to question 7)

If so, do they have a choice to cash out as a lump sum or an annuity? \_\_\_\_\_

7. What is the amount the member would receive if they withdrew the retirement fund? Please list the gross amount and all deductions that would be withheld, such as taxes, 10% early withdrawal tax, and penalties.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Sharing Information	Title
Phone Number	Date



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#### Information Requested

Leave of Absence information – Please see the questions on the next page.

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## Response to Request

1. Date of layoff or leave of absence? \_\_\_\_\_

2. Date of last paycheck? \_\_\_\_\_

Gross amount? \_\_\_\_\_

3. Does this employee have any severance pay, sick leave, disability pay, or vacation pay which will be received while off work?

\_\_\_\_ Yes    \_\_\_\_ No (skip to question 4)

If so, how much? \_\_\_\_\_

When? \_\_\_\_\_

4. Anticipated date of return to work (if any)? \_\_\_\_\_

5. Anticipated date that first check will be received? \_\_\_\_\_

Gross amount? \_\_\_\_\_

6. Anticipated hours that client will work per week upon return? \_\_\_\_\_

7. Any other information?

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Veteran's benefits information – Please see the questions on the next page.

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## Response to Request

Please verify:

Member Name:

SSN:

Veterans #: \_\_\_\_\_

1. \_\_\_\_\_ Gross monthly Veteran's Benefit amount (if possible please include a copy of the award letter)  
\_\_\_\_\_
2. What would the benefit be with UME? \_\_\_\_\_
3. What would the benefit be without UME? \_\_\_\_\_
4. Type of benefit received? \_\_\_\_\_
5. Is this pension subject to the \$90 reduction?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (skip to question 6)  
If so, what is the effective date of the reduction? \_\_\_\_\_
6. What portion of the pension is attributable to UME? \_\_\_\_\_
7. What amount is for aid and attendance? \_\_\_\_\_
8. What amount is for housebound allowance? \_\_\_\_\_
9. What amount is for dependent allowance? \_\_\_\_\_
10. Please list any deductions the VA makes to this benefit, including the amount of the deduction.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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