

ANOKA COUNTY ECONOMIC ASSISTANCE DEPARTMENT Authorization for Release of Information

Date: _____ Case Number: _____

To: _____

We need to verify the following information about the person(s) listed below:

Has this person met any of the following conditions since being convicted of a drug felony?

- Participating in a drug treatment program
- Successfully completed a drug treatment program OR
- Been assessed as not needing a drug treatment program.

Please notify us if this client fails a drug test, receives another drug felony conviction, or breaks the rules of their probation.

Name: _____

Please provide the information requested. Attach verification documents or record the information on the back of this form and sign where indicated. On the bottom half of this form is a signed authorization to release information to the human services agency shown below.

Thank you for your cooperation.

County worker's signature <i>✍</i>		Phone	
Agency Anoka County Economic Assistance Department			
Address 1201 89 th Ave NE STE 400	City Blaine	State MN	Zip 55434-3373

Authorization for Release of Information

Giving Permission: I give permission for the person/organization above to release the requested information to the above agency. This information is used to determine my eligibility for public assistance and/or services.

Consequences: 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 this authorization, but it may affect my benefits or services if I do not give my consent.
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it.
- I may stop this authorization at any time by sending a notice in writing to Economic Assistance, but this written notice will not affect information the agency has already requested.
- The person or agency that gets my information may be able to pass it on to others.
- If my information is passed on to others by Anoka County or DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

Client signature <i>✍</i>	Date	Original copy for agency Provide copy to client
Signature of spouse/guardian/authorized representative <i>✍</i>	Date	

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Person with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to the USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistance Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) Fax: (202) 690-7442: or

(3) Email: program.intake@usda.gov.

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