

Addendum to Application and Review Forms for Release of Information

OPTIONAL Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you, without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Iowa Department of Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

| | |
|----------------------------------|---|
| Your Name (please print clearly) | Other Adult Name (please print clearly) |
| Signature or Mark | Signature or Mark |
| Date | |

Health and Financial Support Application

What Kind of Help Would You Like?

Part A

Check the box next to the programs you want to apply for. You do not need to apply for programs you already get.

- | | |
|---|---|
| <input type="checkbox"/> Food Assistance <input type="checkbox"/> Family Investment Program <input type="checkbox"/> Well Child and Prenatal Care | <input type="checkbox"/> Medicaid or State Supplementary Assistance <input type="checkbox"/> Child Care Assistance |
|---|---|

Tell Us About You

Part A

| | | | |
|--------------------------------|-----------------------------|-------|----------|
| Name | Telephone Number () | | |
| Social Security Number | Birth Date | | |
| Street Address | City | State | Zip Code |
| Mailing Address (if different) | City | State | Zip Code |

Your Signature

Part A

I certify, under penalty of perjury, that:

- The answers I am about to give are correct and complete to the best of my knowledge.
- My answer about citizenship or alien status of each person applying for assistance is correct.

Keep the cover page and Part G.

| | |
|---|---|
| Your Signature or Mark | Today's Date |
| Signature of Person, If Any, Who Helped Complete the Form | Today's Date |
| Print Name of Person Who Helped Complete Form | Phone Number |
| Mailing Address of Person Who Helped Complete Form | City State Zip Code |

If you need help filling out this form, call your local DHS office.

Social Security Number Information

Part A

We can give help only to people who give us their Social Security Number or proof of application from the Social Security office. **You don't have to give us the Social Security Number for people in your household who you do not want help for, but you can choose to give us their Social Security Number.** However, we will use any Social Security Number given to us the same way we use the Social Security Number of people getting assistance.

We will deny assistance to the people for whom you do not give us a Social Security Number. There are some exceptions to this. Please ask your worker.

We will not give any Social Security Number to the Citizenship and Immigration Service.

People in Your Home

Part A

List all the people who live in your home and mark the box **yes** or **no** if you are applying for that person. If you choose no, you only need to list their name, relationship to you and their date of birth.

We have to ask your ethnicity and race, but you don't have to answer. Your answer won't affect how much you get or how soon. If you choose to answer, use the following codes:

* Ethnicity

H = Hispanic or Latino

N = Not Hispanic or Latino

** Race (Choose all that apply)

W = White

B = Black or African American

A = Asian

I = American Indian or Alaskan Native

N = Native Hawaiian or other Pacific Islander

| Apply for? Yes/No | Name (First, Last) | Relationship to You | Birth Date | Birth State | Last Grade in School | Social Security Number | Ethnicity | Race ** | Citizen Yes/No | If Alien, Status |
|----------------------|--------------------|---------------------|------------|-------------|----------------------|------------------------|-----------|---------|----------------|------------------|
| | | Self | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Grandparents and others applying for children that are not your own:

If you are applying for FIP and Medicaid **only** for the children, answer the remaining questions only about the children. If you are applying for Food Assistance, Child Care Assistance, or want FIP or Medicaid for yourself, answer the questions about everyone in your home.

List anyone in your home who is disabled: _____

List anyone in your home who is pregnant: _____ Due Date: _____

List anyone age 18 or over who is in college or trade school: _____

List anyone getting benefits from another state: _____

What state? _____

Expenses

Part A

To get the most help you can, tell us about your expenses.

List your share of any day care for a child or a disabled adult who lives with you:

Who gets care: _____ \$ _____ per month

If anyone currently pays child support, give the following information:

Who pays: _____ \$ _____ per month

Income

Part A

You must tell us about all of the money the people in your household get. If you leave a space blank, we will take that to mean there is no money of this kind. Please use an additional sheet of paper, if needed.

| | | |
|--|--|--|
| Money From Work Before Taxes (Gross) – 1st Job | | |
| Money From Work Before Taxes (Gross) – 2nd Job or 2nd Person Working | | |
| Self-Employment or Odd Jobs | | |
| Tips, Bonuses and Commissions | | |
| Unemployment or Worker's Compensation | | |
| Social Security or SSI | | |
| Veterans Benefits, Pensions or Retirement | | |
| Child Support or Alimony | | |
| Money from Friends or Relatives | | |
| Money from Interest or Dividends | | |
| Other: | | |

Has anyone been hired for a job but not paid yet? Yes No

List the name of any employer(s) from last 60 days _____

| What Other Money Do People in Your Household Get? | Who Gets the Money? | How Much Per Month? |
|---|---------------------|---------------------|
| Self-Employment or Odd Jobs | | |
| Unemployment or Worker's Compensation | | |
| Social Security or SSI | | |
| Veterans Benefits, Pensions or Retirement | | |
| Child Support or Alimony | | |
| Money from Friends or Relatives | | |
| Other: (Including irregular or one time payments) Explain: | | |

Will the amount of other money people in your household get stay about the same? Yes No

If no, explain _____

Resources/Assets

Does anyone have a car, truck, boat, camper, motorcycle or other vehicle? Yes No

If yes, list make, model, year below.

List the total money anyone has in:

Checking/savings or other bank/credit union accounts \$ _____ Who? _____

Cash \$ _____ Who? _____

Stocks, bonds, savings certificates, annuities, IRAs, Keogh or other assets \$ _____ Who? _____

List anyone who has or owns any land, buildings or houses other than the house you live in:

List anyone who has a conservatorship or trust:
