



BVS Release

Intake Name: _____

Date: _____

SNAP would like to access some of the information DSHS keeps electronically about you. We are committed to protecting your privacy. If you give us permission we will use this information to verify the following information:

1. Your social security number
2. Verification of the type of assistance your household receives including the amount of money your household receives for each benefit type for up to 14 months
3. Whether or not your household reports earned/unearned income;

By authorizing us to view the listed information, you are not:

- Designating us as an authorized representative, or
- Allowing us to share or re-disclose your information.

If you do not authorize us to view the listed information we will still help you, *if* you are able to furnish the required information needed to determine your household eligblity; however we will not access your confidential information.

Do you give authorization to access the information I have listed?

Client Name: _____ ___ Yes, I authorize On the phone___ In person___

Client Signature: _____ *Only needed if authorizing by mail

Client Name: _____ ___ Yes, I authorize On the phone___ In person___

Client Signature: _____ *Only needed if authorizing by mail

Client Name: _____ ___ Yes, I authorize On the phone___ In person___

Client Signature: _____ *Only needed if authorizing by mail

Client Name: _____ ___ Yes, I authorize On the phone___ In person___

Client Signature: _____ *Only needed if authorizing by mail

Client Name: _____ ___ Yes, I authorize On the phone___ In person___

Client Signature: _____ *Only needed if authorizing by mail