

Release of Information Request

Request Information For: _____

Social Security Number: _____ Date of Birth: _____

Please release the requested information to the following IATP-WIPA staff only:

Work Incentives Planning and Assistance (WIPA) Staff: Janice Williams, Britney Qualls, Barbara Tucker, Ashley Weiss, and Ron Mulvaney. Fax: 217/321-0967 or mail to: IATP-WIPA, 1020 S. Spring St, Springfield, Il. 62704

We the undersigned, hereby authorize the following agencies to release information to the Illinois Assistive Technology Program (IATP) - Work Incentives Planning and Assistance (WIPA) Project to: 1) to verify the benefits I receive through these said agencies below; 2) to discuss benefits issues with IATP-WIPA staff to maximize my ability to pursue employment; 3) resolve issues that aid my employment pursuit.

- Illinois Department of Human Services/Human Capitol Development's Family Community Resource Center (FCRC)(also known as Public Aid) Include but not limited to: [Medicaid; Medicaid Spenddown; Medicaid 1619/OBRA; Qualified Medicare Beneficiary (QMB)/Specialized Low Income Beneficiary (SLIB)/ QI-1; plus all other Medicaid program (i.e. Mom and Babies, Medicaid pay-in, etc.)Supplemental Nutrition Assistance Program (SNAP) (also known as Food Stamps), Temporary Assistance for Needy Families (TANF), plus any and all other programs and/or benefits administered within your agency for the undersigned].
- Social Security Information other than what is available through the Benefits Planning Query (BPQY), including the Efforts to Outcome Database.
- Department of Children and Family Services (DCFS): SSA Disability Beneficiaries that are DCFS Ward of State.
- Illinois Healthcare and Family Services' (HFS) (Health Benefits for Workers with Disabilities (HBWD)) (also known as Medicaid Buy-in in Illinois).
- Housing and Urban Development (HUD) This includes all public housing programs (county and city), plus Section 8 Voucher Programs (Both: rent subsidy and home ownership), plus the Disallowance of Earned Income Program and other self-sufficiency programs.
- Privately held Subsidized Housing Programs.
- Illinois Department of Employment Security (unemployment benefits status).
- Illinois Department of Human Services/Division of Rehabilitation Services (Bureau of Blind Services, Bureau of Field Services, and Home Services).
- Mental Health Agencies and Individual Placement Supports (IPS) Site including BIP Programs
- Community Workshops
- Employment Networks, other service providers, and community partners.
- Veterans Administration and other Veterans support agencies (Veterans of Foreign Wars, American Legion, etc).
- Permissible to use an interpreter for translation purposes for all WIPA Services when appropriate

Please Note: This release of information is solely for the use of the IATP-WIPA Program's staff to help the undersigned pursue their highest level of self-sufficiency through employment. Therefore, understand this information will be kept confidential and utilized only by the IATP-WIPA Program's staff listed above.

I give my consent for IATP-WIPA to receive information about the benefits I receive through the above mentioned agencies:

Signature: _____ Date: _____

Print Name: _____

Representative Payee/Guardian/Legal Representative: _____

IATP-WIPA is authorized through the Social Security Administration (SSA) and the Ticket to Work Legislation.