



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
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**Field Operations Memo 2005-49**  
**October 3, 2005**

**To:** Transitional Assistance Office Staff  
**From:**  Cescia Derderian, Assistant Commissioner for Field Operations  
**Re:** Voluntary Authorization to Release Information Form

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**Overview**

A new form has been developed to obtain applicant/recipient permission for the Department to use collateral contact for the purpose of obtaining TAFDC, EAEDC, EA and Food Stamp verifications. The *Voluntary Authorization to Release Information* form (see Attachment A) is to be used in situations where verification must be made through collateral contact because documentary evidence is unavailable. One form must be completed for each contact to preserve the confidentiality of each organization, employer or individual. It is not a standard form to be signed by all applicants/recipients for all situations, but must be used only when the applicant/recipient agrees to collateral contact.

As an example, an applicant/recipient is unable to provide verification of rent expense due to an absent landlord and a lack of rent receipts, lease or other documentary forms of verification. In this situation, the AU Manager may use the *Voluntary Authorization to Release Information* form to obtain permission from the applicant/recipient to contact the landlord directly to verify the rent expense amount.

**Reminder:** AU Managers must suggest alternate verifications and offer help in obtaining verifications when it appears the applicant/recipient is having difficulty getting the requested information or asks for assistance.

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## The Form

The *Voluntary Authorization to Release Information* form is one-sided and is available in Policy Online, in Online Forms. The form includes four sections:

- Release for Designated Organization, Employer or Individual;
- Recipient Release;
- Applicant/recipient information; and
- AU Manager information.

The form must be completed online and then printed, so that the release is specific to the contact name and the information sought.

Complete the “Release for Designated Organization, Employer or Individual” section with the name of the organization, employer or individual. In the “Recipient Release” section, select from the dropdown box the type of information sought:

- Employment
- Income
- Assets
- Housing
- Utilities
- Physician
- School
- Sponsorship
- Other (specify) \_\_\_\_\_

Type in the specific information needed after the word “Explain” in the freeform text section.

The signed, completed form must remain in the AU record. A copy of the signed form may be given to the organization, employer or individual being contacted. The form is valid for 90 days from the date of the applicant/recipient signature.

- If the collateral contact results in the receipt of documentary evidence, use the BEACON Verifications Tab to select the appropriate item from the list; or
  - If collateral contact results in a verbal verification of information, select “collateral contact” in the Verifications Tab, or if that option does not appear in the list, select “Other” and type in “collateral contact”. In addition, record the date, the name of the person making the statements, and relevant information on the BEACON Narratives tab.
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**References**

Transitional Cash Assistance Programs – 106 CMR 702.310; 702.340

Food Stamp Program – 106 CMR 361.640; 361.650

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**Questions**

If you have questions about the *Voluntary Authorization to Release Information* form, your Hotline designee may call the Policy Hotline at 617-348-8478.

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# Voluntary Authorization to Release Information

## Release for Designated Organization, Employer or Individual

I hereby authorize

to release the information as requested below to the Department of Transitional Assistance.

## Recipient Release

I hereby authorize the Department of Transitional Assistance (DTA) to contact the organization, employer or individual designated above regarding

(Any information released will be kept confidential.)

**Explain:**

**Applicant/Recipient**

**Date**

\_\_\_\_\_  
**Signature**

**Social Security Number (Optional)**

**Address**

**City/Town**

**ZIP**

**AU Manager Name**

\_\_\_\_\_  
**AU Manager Signature**

**Date**

**TAO Name Address**

**City/Town**

**ZIP**

**AU Manager Telephone Number**

**Fax Number**

**Voluntary Authorization to Release Information is valid for 90 days from the date of the applicant/recipient signature.**