

State of Kansas Kansas Health Policy Authority Presumptive Disability Determination Team Landon State Office Building, Room 900 South 900 SW Jackson Street, Topeka, KS 66612 (785) 296-1849 Toll-Free 1-888-547-2763 Fax: (785) 296-1723	<i>Referral to Kansas Legal Services</i>
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After completion: Fax to PMDT immediately Mail original to PMDT

IDENTIFYING INFORMATION: to be completed by SRS		
A. Applicant's Name:		
B. Address (Street, City, State, Zip):		
C. SSN:	D. DOB:	E. Gender:
F. Name of Responsible Person:		
Address:		
Telephone:		
G. Guardian Name (if applicable):		
Address:		
Telephone:		

Authorization for Release of Information:

Now on this _____ day of _____, 20____, I _____
hereby consent and authorize Social and Rehabilitation Services (SRS) and Kansas Health Policy Authority (KHPA) to release any and all records and information in their possession, control and custody to Kansas Legal Services for the purpose of providing advice and/or representation concerning the above named client's Social Security disability claim. I release Social and Rehabilitation Services and Kansas Health Policy Authority from any liability for giving such information.

I also consent and authorize Social and Rehabilitation Services, Kansas Health Policy Authority and Kansas Legal Services to release any and all records and information in their possession, control and custody concerning advisement and/or representation of the above named client's Social Security disability claim Social and Rehabilitation Services and Kansas Health Policy Authority to Kansas Health Policy Authority for purposes of program administration and monitoring. I release Kansas Legal Services from any liability for giving such information.

Client (Guardian) Signature: _____ Date: _____