



Authorization for the Release of Specified Information Which Affects Eligibility for SRS Benefits

OARS Participants have the following rights: I have the right to receive confidential services from the OARS Advocate. The OARS Advocate will inform me of options, possible risks and benefits regarding the release of information. The OARS Advocate will provide the necessary information to make informed decisions.

I must report changes in income, employment, address or household changes to my SRS Case Manager. If I fail to report, I may lose SRS benefits. I may also need to repay SRS benefits per federal and state laws.

I may authorize my OARS Advocate to discuss the information below with my SRS Case Manager.

I, _____ hereby authorize

_____ (name and agency) to release to

_____ (name/title and agency) the following information (be specific):

For the following purpose (be specific):

This consent is for the information above only. The consent expires once the OARS Advocate releases the information. I may request a copy of this release. I may revoke this consent at any time. I may do this verbally or in writing. Any information the OARS Advocate has already released is protected by this agreement.

* Date of expiration _____ day of _____, 200 _____
(No more than 10 days from date of signature)

Signature of OARS Participant

Date

Signature of OARS Advocate

Date