

## Iowa & Illinois Work Incentives Planning & Assistance Third Party Release

## **Contact Information**

I, the undersigned, hereby authorize Disability Rights Iowa Work Incentives Planning and Assistance to release and receive any and all pertinent information in my file. The information is needed to assist in Social Security work incentives benefits analysis and planning.  This permission is granted to the following agencies and/or individuals:  Social Security Administration (SSA)  Disability Rights Iowa (DRI)  Iowa Department of Health and Human Services (HHS)  Illinois Department of Healthcare and Family Services (HFS)  Iowa Vocational Rehabilitation Services (IVRS)  Illinois Department of Human Services (IDHS): Division of Rehabilitation Services (DRS)  Employment Service Provider  Other  Other  Individuals:  This authorization shall expire one year from the date it is signed unless otherwise specified:  Inderstand that I may cancel consent at any time by submitting a written request to Disability Rights Iowa and that any cancellation will not affect information already released.  Signature/Guardian Signature  Date:  Specific Authorization for Release of Information Protected by State/Federal Laval specifically authorize the release of data and information regarding:  HIV-Related Information  Mental Health  Substance Abuse	Name	(First, Middle Initial, & Last):			_
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