

# HENNEPIN COUNTY

MINNESOTA

## CDCS/Support Planner - Consent for Release of Information

### CDCS Participant

Full name:	
Aliases, nicknames, previous or maiden names:	
Date of birth:	Phone:
Address:	
Email:	

### If CDCS participant is a minor or an adult and has a legal guardian

Parent/managing party/legal guardian - full name:
Relationship to CDCS participant:

**CDCS participant (or applicant):** I (CDCS participant) authorize Hennepin County CDCS case management to release and obtain information or records about me to/from my CDCS Support Planner:

Name of organization:
Name of support planner:
Address:
Phone:

### Request

**Release the following information, records and communication related to CDCS (click on):**

- MnCHOICES Assessment (Eligibility report, Assessment summary, PCA report) to develop a CDCS CSP
- Most recent CSP and CSSP if completed to develop a CDCS CSP
- Most recent CDCS budget information to develop a CDCS CSP
- Authorized to discuss CDCS related information with the current CDCS case manager for plan approval and only for services identified within the approved CDCS plan.

Other:

Comments:

**Important**

This form must be completed and submitted to the CDCS case manager when a CDCS support planner has been obtained and information will be shared. No information can be provided without a release of information on file.

**Authorization**

- I am the CDCS participant or applicant, or the parent or legal guardian of the CDCS participant or applicant who is a minor, or an adult who has a legal guardian.
  
- I declare I have examined all the information on this form, and it is true and correct to the best of my knowledge.
  
- This authorization is valid for one (1) year from the signed date of this form. I understand I can cancel this authorization at any time.
  
- It is understood that the support planner will limit their work to meet the requirements of the position. That any limit on billable time will be identified above (i.e., "other" category).

**Signature**

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CDCS participant or parent/legal guardian signature

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Participant or parent/legal guardian printed name

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Date signed