

Model Authorization Form for HFS Application Agent

[Must be put on the Application Agent Organization's Letterhead]

Application Agent Organization Name and Address:

Application Agent Organization Phone Number and Email:

Application Agent Employee Name helping with this application:

1. Application Agent Program

The Illinois Department of Healthcare and Family Services (HFS) partners with Application Agent Organizations to help individuals or family's complete applications for health (Medicaid), SNAP, or TANF benefits. HFS has provided Application Agent Organizations with training and information on the application process and eligibility for these benefits. The Application Agent Organization can tell you about each program for which you may be eligible, and help you to apply for benefits, if you want that help.

2. Consent

I give my permission to [Application Agent Organization] to collect, store, use, and disclose my personal information to help me apply for Medicaid, SNAP, TANF, and other state assistance provided by IDHS and HFS. I understand that my personal information is needed to apply for these programs. I also give my permission to [Application Agent Organization] to access, use, and disclose my personal information to carry out activities required under state law or regulation. I give my permission to HFS and IDHS to share information related to my application for, eligibility, or renewal of state benefits with [Application Agent Organization].

3. Additional Information

- a. I can revoke this consent at any time.
- b. I don't have to provide any information to the Application Agent that I do not want to provide. However, the Application Agent may not be able to help me if the information I provide is inaccurate or incomplete. I am responsible for providing accurate and complete information.
- c. The Application Agent will ask me to provide only the minimum necessary amount of personal information that is necessary to help me.
- d. The Application Agent must make sure that my personal information is kept private and secure when collecting, accessing, storing, using, and disclosing my personal information.
- e. The Application Agent is not allowed to charge me a fee for helping with my application.

Please sign and date the form below:

Consumer's Signature

Date

Printed Customer Name

**Printed Authorized Representative Name
(if applicable)**

**Customer's Preferred Contact Method
(address, phone, or email)**