Confederated Salish and Kootenai Tribes CONSENT FOR RELEASE OF INFORMATION

I the undersigned are seeking services from the Department of Human Resources Development (DHRD), Tribal Child Support Enforcement Program (TCSEP).

I authorize the above named program to receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition I authorize the following programs/agencies to release information to the TCSEP office in an effort to provide and facilitate assistance to my child(ren) and myself. Those programs and agencies include but are not limited to the following: INITIAL EACH PLACE YOU GIVE PERMISSION TO RELEASE INFORMATION.

Tribal Personnel/Payroll Offices:(Income Verification) etc.

<u>2</u>	Tribal Health and Human					
3	Tribal Education Departs					
١	Montana State Offices of					
5	Salish and Kootenai Hou	ising Authority	•			
5	Tribal Police					
7	Tribal Court					
3	Tribal Prosecutor					
P	Crime Victims Advocate					
		_ Division of Lands – verify Land Lease				
11	Healthy Montana Kids –	Healthy Montana Kids – Eligibility Status and Employee Health Insurance Information				
2	Tribal Enrollment	Tribal Enrollment				
13	Social Security Administration, MT Disability Bureau, Veteran's Administration – Verify Income					
14	EMPLOYER NAME:					
	ADDRESS:			PHONE:		
15.	State TANF Programs –	to get the num	ber of months for Federal Tir	ne Clock:		
	Per-Capita Statements:					
	Tribal Credit – Current Loan, delinquency, credit history and judgments					
8.	Passages Fatherhood Program					
9.	Child Support Enforcement Division, State:					
20.	Potential employers found by DHRD TANF – WIA list					
	Other, please specify:					
itilized in This Con ssues bet any rights	elease the DHRD TCSEP from the capacity approved in this sent For Release Of Information ween me and any entity with a under the applicable sections arding the release of information.	on is intended whom I am do s of the Confed	to allow the DHRD TCSEP ting business related to Child	o prepare the case for litigati Support issues/obligations an	on and/or to resolve	
Print Nan	ne – Applicant	Date	Signature		Date	
Caseworker Investigator		Date	<u> </u>			
THIS CO	NSENT FOR RELEASE OF	INFORMATIO	ON IS VALID FROM	TO		
· -		, hereby rev	woke this Consent For Releas	e of Information this day of	,20	