

HEALTH CARE ADMINISTRATION - HEALTH CARE ELIGIBILITY AND ACCESS

Authorization to Obtain Financial Information from the Account Validation Service (AVS)

Giving authorization

By signing this form, I am giving permission to the Department of Human Services, or the county or tribal agency, to access my information held by financial institutions participating in the AVS. This information will be used to determine eligibility for Medical Assistance (MA), MA for Employed Persons with a Disability (MA-EPD), or the Medicare Savings Program (MSP). I understand that if I am the spouse or sponsor, any financial information DHS or the county or tribal agency obtains about me may be shared with the person applying for MA, MA-EPD or MSP.

Who needs to sign the authorization?

- People who are applying for or enrolled in MA for people who are age 65 or older, blind or have a disability, MA-EPD or MSP.
- The person's spouse, unless the person is applying for or enrolled in MA-EPD.
- The sponsor of the person or the person's spouse. A sponsor is someone who signed an Affidavit of Support (USCIS I-864) as a condition of the person's or his or her spouse's entry to the country.

The applicant or enrollee's MA benefits may be denied or discontinued if the people who must give permission fail to provide the requested information, sign, date or submit this authorization.

When will this authorization end?

This authorization will end if the application for MA, MA-EPD or MSP is denied; the person is no longer eligible for MA as a person who is age 65 or older, blind or who has a disability, MA-EPD, or MSP; or the person who signs the authorization cancels it in writing. The agency will have access to and can use any information requested through the AVS before the authorization ends or is canceled.

Provide the information requested for each person who needs to sign the authorization

APPLICANT OR ENROLLEE NAME Doua Lor	OTHER NAMES USED ON FINANCIAL ACCOUNTS	SOCIAL SECURITY NUMBER (SSN) XXX-XX-XXXX	DATE OF BIRTH (DOB) 1/1/69 years ago
APPLICANT OR LEGAL REPRESENTATIVE SIGNATURE <i>Doua Lor</i>		DATE SIGNED <i>Today</i>	

SPOUSE NAME Chang Xiong	OTHER NAMES USED ON FINANCIAL ACCOUNTS	SPOUSE SSN XXX-XX-XXXX	SPOUSE DOB 1/1/72 years ago
SPOUSE OR SPOUSE'S LEGAL REPRESENTATIVE SIGNATURE <i>Chang Xiong</i>		DATE SIGNED <i>Today</i>	

SPONSOR NAME	OTHER NAMES USED ON FINANCIAL ACCOUNTS	SPONSOR SSN	SPONSOR DOB
SPONSOR OR SPONSOR'S LEGAL REPRESENTATIVE SIGNATURE		DATE SIGNED	

SPONSOR'S SPOUSE NAME	OTHER NAMES USED ON FINANCIAL ACCOUNTS	SPONSOR'S SPOUSE SSN	SPOUSE DOB
SPONSOR'S SPOUSE OR SPONSOR'S SPOUSE'S LEGAL REPRESENTATIVE SIGNATURE		DATE SIGNED	