Iowa Department of Human Services

Authorization for Release of Information

Date:

Information due date:

County: 78
Worker Number:
Worker Name:
Phone: 877-344-9628

Email: facilities@dhs.state.ia.us

Veteran's Administration
Attn: PCP/Advocacy

Dear Veteran's Administration:

This form gives you permission to share information with the Department of Human Services (DHS).

Please fill out this form and send it back to us at:

Dept Human Services
Imaging Center 1
417 E Kanesville Blvd
Council Bluffs, IA 51503
FAX: 515-564-4040

If you have any questions, please call me at the phone number above.

Information Requested

Veteran's benefits information - Please see the questions on the next page.

Please share this information with the Department of Human Services. I give my permission to the person or agency named above to share information about my family or me. I will not hold this person liable for giving information, even if it's confidential. This permission stops _____.

Name (please print)	Signature	Date
		April 30, 2014

Please use the next page to provide a response to this request.

Response to Request

Please verify:

Member Name:
SSN:
Veterans #: _____

1. Gross monthly Veteran's Benefit amount (if possible please include a copy of the award letter)

   _____

2. What would the benefit be with UME? _____

3. What would the benefit be without UME? _____

4. Type of benefit received?_____

5. Is this pension subject to the $90 reduction?

   _____ Yes _____ No (skip to question 6)

   If so, what is the effective date of the reduction? _____

6. What portion of the pension is attributable to UME? _____

7. What amount is for aid and attendance? _____

8. What amount is for housebound allowance? _____

9. What amount is for dependent allowance? _____

10. Please list any deductions the VA makes to this benefit, including the amount of the deduction.

    _____

    _____

    _____

    _____

    _____

Signature of Person Sharing Information	Title
Phone Number	Date