Landlord Risk Mitigation Fund

CLAIM ADDENDUM & Release of Information

This form is only for participants in Clay or Wilkin Counties who are not associated with Lakes and Prairies Community Action (CAPLP) and are involved in a claim being filed in the LRMF program.

I HEREBY PERMIT _____ (Agency Name) to release or obtain information about: _____ (Agency Name).

□ Me: _____ (Print Name), or □ My child: _____ (Print Name)

This permission to release/obtain information with the above provider/agency is requested for the following reason(s):

PROVIDER:	INFORMATION TO BE RELEASED/SHARED:

□ Determining Eligibility for Services
□ Providing/Continuing Services
□ Monitoring Progress on Program Goals

□ Providing of Case Management Services
□ Referral Information
□ other (specify):

I understand that my records are protected under State\Federal law and cannot be shared without my written permission unless otherwise provided for in the regulations. I also understand that I am not required to agree to release this information. However, it may not be possible for the agencies helping me to provide or obtain assistance for me. I also understand that I will not be denied assistance for refusing to agree to release the information requested.

I also understand that I may cancel this permission at any time; however, this will not affect information released before I withdrew my consent. I also understand that this permission expires in one year from the date signed or upon the following conditions:

I understand that information at _____(Agency) is limited to those staff whose work assignments reasonably require access to my data within the purpose specified in the services provided, as well as the Advisory Board and Minnesota Housing Finance Agency for the sole purpose of reviewing files for program compliance. Any release of private information is not allowed except as authorized above. (MN Statutes 13.05)

_____ _____
Client Signature Parent or Guardian Signature (if applicable) Date

_____ _____
Signature of person who explained this form and your rights Date