



# CONSENT TO RELEASE INFORMATION

Fiscal Assistance, Inc.  
4646 S. Biltmore Lane, Madison, WI 53718  
855-201-4230 or fax (608) 846-3412

To: Fiscal Assistance, Inc.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_

I hereby give my consent to Fiscal Assistance, Inc. (FA) to obtain and/or exchange information for the purpose of either planning for my well-being and/or assuring my continued eligibility for Social Security benefits.

I also hereby give my consent to FA to obtain and/or exchange information regarding the item(s) below for the purpose of planning for my well-being.

**All of the below information**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Social Security Number         | <input type="checkbox"/> Current Monthly SSA/SSI        | <input type="checkbox"/> Account Ledger              |
| <input type="checkbox"/> Bank Account                   | <input type="checkbox"/> Burial Trust                   | <input type="checkbox"/> WI Medicaid                 |
| <input type="checkbox"/> Wages/Employment Record        | <input type="checkbox"/> Utility Bills                  | <input type="checkbox"/> Address/Living Arrangements |
| <input type="checkbox"/> Household Employer Information | <input type="checkbox"/> Employer Identification Number | <input type="checkbox"/> Other (Explain Below)       |

I am the individual, to whom the requested information/records apply, or the legal guardian of the person listed above. I declare that I have examined all of the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that FA is not responsible if a person authorized to obtain information regarding my account does so with false pretenses and FA is not responsible for any effect to my account caused by releasing the requested information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant or Legal Guardian

\_\_\_\_\_  
Relationship (if not claimant)

\_\_\_\_\_  
FA Staff Member

\_\_\_\_\_  
Date