

May 1, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**EXECUTIVE SUMMARY**

**ALL COUNTY LETTER NO. 23-37**

The purpose of this All County Letter is to announce the release of the Applicant/Recipient's Authorization for Release of Information to Community-Based Organization in BenefitsCal (ABCDM 229) and to provide County Welfare Departments with guidance regarding use of the form.



KIM JOHNSON  
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
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GAVIN NEWSOM  
GOVERNOR

May 1, 2023

ALL COUNTY LETTER NO. 23-37

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CALWORKS PROGRAM SPECIALISTS  
ALL COUNTY REFUGEE COORDINATORS  
ALL COUNTY SPECIAL INVESTIGATIVE UNIT  
COORDINATORS  
ALL COUNTY WELFARE-TO-WORK COORDINATORS  
ALL CALFRESH PROGRAM SPECIALISTS  
ALL COUNTY CONSORTIUM PROJECT MANAGERS  
ALL COUNTY DISTRICT ATTORNEYS  
ALL COUNTY IEVS COORDINATORS

SUBJECT: CALFRESH AND CALIFORNIA WORK OPPORTUNITY AND  
RESPONSIBILITY TO KIDS (CALWORKS)  
APPLICANT/RECIPIENT'S AUTHORIZATION FOR RELEASE OF  
INFORMATION (ROI) TO COMMUNITY-BASED ORGANIZATION  
(CBO) IN BENEFITSCAL

REFERENCE: [ALL COUNTY LETTER NO. 16-02](#); [ALL COUNTY LETTER NO. 22-20](#); [ALL COUNTY LETTER NO. 19-55](#)

The purpose of this All County Letter (ACL) is to announce the release of the [Applicant/Recipient's Authorization for Release of Information to Community-Based Organization \(CBO\) in BenefitsCal \(ABCDM 229\)](#) and to provide guidance for its use.

## **BACKGROUND**

Per [ACL No. 16-02](#), released January 20, 2016, non-privileged, non-confidential documents in a case record may only be inspected by the participant who is the subject of the case record. However, a participant may provide written authorization, also known as a ROI, to grant access to the participant's specified case information, for the limited purpose outlined in the ROI. CBOs assist participants in obtaining and maintaining benefits and are permitted to obtain an ROI from the participant to inspect

the participant's case record.

Applicants may release information using the [Applicant's Authorization for Release of Information \(ABCDM 228\)](#). This is a California Department of Social Services (CDSS) form that a participant can use to give a County Welfare Department (CWD) consent to release their case record or specific case-level information to an agency, institution, or individual provider.

The participant must sign and date their consent on the [ABCDM 228](#) or an alternative written document which clearly identifies the participant releasing information and the agency, institution, or individual provider to whom information is released. Once consent is given, the participant has released their case record or specific case-level information, as specified in their [ABCDM 228](#). For guidance pertaining to maintaining participant confidentiality and privilege, please refer to [ACL No. 16-02](#).

BenefitsCal is an online portal where participants can obtain and manage their benefits information online. This includes CalFresh, CalWORKs, and Medi-Cal. BenefitsCal features the ability for primary applicants to execute an ROI to authorize a CBO to view certain case-specific information within BenefitsCal. To facilitate the development of this feature, the CDSS and Department of Health Care Services (DHCS) collaborated, in partnership with counties and stakeholders, to produce the [Applicant/Recipient's Authorization for Release of Information \(ROI\) to Community Based Organization \(CBO\) in BenefitsCal \(ABCDM 229\)](#) as provided in Attachment A.

#### **NEW FORM – APPLICANT/RECIPIENT'S AUTHORIZATION FOR RELEASE OF INFORMATION TO COMMUNITY BASED ORGANIZATION IN BENEFITSCAL (ABCDM 229)**

Applicants may release information to CBOs in BenefitsCal using the [ABCDM 229](#). This authorization will be integrated into the BenefitsCal portal to streamline the ROI process in May 2023. Note that this ROI is exclusively for access to information through BenefitsCal and does not replace the process for authorizing release of information outside of the BenefitsCal system or replace the current usage of the [ABCDM 228](#). The information subject to release to CBOs in the BenefitsCal portal based on a signed [ABCDM 229](#) is not a full case record as defined in [ACL No. 16-02](#) and the access obtained by a CBO does not constitute general access to inspect a case record by a person authorized by the participant.

The [ABCDM 229](#) is the only acceptable form for the release of information to CBOs in BenefitsCal and limits the release of information to the BenefitsCal portal. No substitutes will be permitted. Primary applicants completing the [ABCDM 229](#) must indicate, at minimum, the CWD that information is being requested from, the primary applicant's name, date of birth, and contact information if available, the authorized CBO's name, data elements they are releasing, history, the program(s) for which information is being released, and sign and date the form. The [ABCDM 229](#) must be retrievable in CalSAWS by CWDs.

Either CBOs or the primary applicants themselves may submit an [ABCDM 229](#) via a

document upload process through their respective accounts within BenefitsCal. Additionally, the [ABCDM 229](#) may be submitted to the CWD in a paper format in person, by postal mail, by fax, or by email if accepted by a CWD. The CWD will enter the data on the paper [ABCDM 229](#) into an ROI Detail page in CalSAWS. These submissions must be signed by the primary applicant or their Authorized Representative (AR) and require manual approval by the CWD in CalSAWS before the information specified on the [ABCDM 229](#) will be released to the CBO in BenefitsCal. Detailed guidance is provided later in this letter.

### **Data Elements Included Within the Release of Information**

CBOs will only have access to information, within BenefitsCal, in which primary applicants provided consent to in an [ABCDM 229](#). No other case information will be provided to the CBO; however, a CBO may contact the CWD for clarification on information that they are authorized to access within BenefitsCal. CWDs may only respond to inquiries that fall within the scope of the case information the primary applicant has released in the [ABCDM 229](#). The specific information which can be released for Medi-Cal, CalFresh, and/or CalWORKs within BenefitsCal includes:

- Notices of Action (NOAs);
- Verification Requests from Your County Worker;
- Benefit Award;
- Program Status – the most recent or current status and may include, but is not limited to active, denied, discontinued, ineligible, pending, and waiting to transfer;
- Termination Reason(s); and
- Upcoming SAR 7 and Renewal Due Dates – may display recent, but not yet dispositioned SAR 7 and Renewal.

### **RELEASE OF INFORMATION FEATURE IN BENEFITSCAL**

#### **Requirements for Community Based Organizations**

The ROI feature in BenefitsCal will be implemented initially in a limited release. The pilot of the ROI feature and released case information in BenefitsCal will be limited to CBOs that have both:

- A formal agreement with the State (i.e., CDSS or DHCS) or any CWD; and
- Have been approved by a CWD for a CBO account in BenefitsCal, according to the CWD's approval process.

A formal agreement is a legally enforceable written agreement that is properly executed between two parties, and in addition, must include privacy, security, and confidentiality provisions as required by the CDSS and DHCS Privacy and Security Agreements for contractors who access Personally Identifying Information. DHCS will be releasing a letter providing additional detailed guidance regarding safeguards to protect Medi-Cal Personally Identifying Information. CBOs are not expected to have an agreement with

every county in which they assist participants. CBOs that have a formal agreement with the State or any CWD meet the first requirement listed above to have access to the ROI feature in BenefitsCal. Expanded access to the feature will be the subject of future development.

### **Accessing Information Released**

ROIs may be managed by primary applicants within their respective accounts in BenefitsCal. The primary applicant and CBO accounts in BenefitsCal will display active ROIs with the ability to view the data elements released for each ROI. Primary applicants may initiate the electronic ROI feature through their on-line BenefitsCal accounts from their BenefitsCal dashboard or at the end of the application flow. The [ABCDM 229](#) may also be submitted by document upload through primary applicant or CBO BenefitsCal accounts or by submission of the paper form to the CWD. Only ROIs initiated through the use of the [ABCDM 229](#) will be displayed within BenefitsCal. If an ROI is conducted through other means, such as the use of [ABCDM 228](#), the released information will not be accessible within the BenefitsCal ROI feature.

### **Fields on the Release of Information Detail Page**

Fields entered in the [ABCDM 229](#) will automatically populate in the ROI Detail page within CalSAWS when the release is submitted through the ROI feature in BenefitsCal. ROIs submitted in paper format or by document upload in the primary applicant or CBO BenefitsCal account must be manually populated by the CWD in the ROI Detail page to reflect the information on the [ABCDM 229](#). These fields include:

- Primary applicant's name;
- Primary applicant's address;
- Primary applicant's phone number;
- Program(s) for release (CalFresh, CalWORKs, and/or Medi-Cal);
- Data elements released;
- Case history selection;
- Length of information access;
- CBO name;
- Individual assister name, if applicable;
- County of record; and
- Client signature information including date of birth and signature date.

Within CalSAWS, a status field will display whether an ROI is Pending, Reviewed, Approved, Revoked, or Expired. The definitions of the statuses of the ROI are as follows:

- Pending – The ROI cannot be automatically approved in BenefitsCal and

requires manual review by the CWD to determine if conditions for approval are met.

- Reviewed – The ROI has been manually reviewed by the CWD but does not yet meet conditions for approval or revocation.

Note: Counties should use the “Pending” status until automation is completed to add the “Reviewed” status into CalSAWS. The “Reviewed” status will be added at the next available release.

- Approved – The ROI has met the conditions for approval.
- Revoked – The primary applicant has terminated their [ABCDM 229](#).
- Expired – The ROI has reached the expiration date. ROIs with a “Pending” or “Reviewed” status will automatically update to “Expired” once the expiration date is reached.

### **Release of Information Term Limits**

The ROI is effective on the date of signature. Primary applicants may choose to release their specific case information to a CBO for a maximum of 365 days or any number of days less than 365 days from the date of signature, as indicated on the form. CBO access to the ROI information for a primary applicant will automatically terminate at the end of the ROI authorization, regardless of the ROI status or whether the case is active/inactive. In instances where a CBO’s formal agreement between the State and/or CWD expires or terminates prior to the expiration of the ROI, the CBO will continue to have access to the information in the ROI feature until the expiration of the ROI.

### **Release of Information Case History**

Case history is defined as the specific information for the program(s) the primary applicant selected and authorized to be released, prior to the date of signature of the [ABCDM 229](#). The [ABCDM 229](#) allows primary applicants to select 60 days of case history prior to the date of signature of the [ABCDM 229](#), or no case history to be shared with the CBO. As indicated on the form, release of 60 days case history applies only to the following data elements in BenefitsCal:

- Benefit Award;
- Program Status;
- Termination Reason(s); and
- Upcoming SAR 7 and Renewal Due Dates.

There are instances where a primary applicant will sign an [ABCDM 229](#) for a CBO to assist with a recently denied application. For example, if the participant was recently denied benefits and would like assistance from the CBO, the CBO may be authorized to have the recent termination reasons up to 60 days prior to date of [ABCDM 229](#)

signature. If the primary applicant checks the “no case history” box, then the CBO would only be able to view current data elements and not the historical data elements from the past 60 days.

### **Excluded Information**

Certain information may not be shared with a third party even with a signed ROI. Per [ACL No. 16-02](#), this includes, but is not limited to:

- Information about CalFresh household and/or CalWORKs Assistance Unit (AU) members who are no longer part of the household and/or AU;
- The whereabouts of an absent parent;
- Information regarding the status of children removed from the home by Child Protective Services;
- Domestic abuse;
- Criminal background;
- Mental health and substance abuse treatment;
- Learning disabilities;
- Information pertaining to minors authorized by law to consent to medical treatment; and
- Information received from a third party that was not obtained pursuant to an authorization from the participant.

NOAs and verification requests will only be available for an authorized CBO to view from the date the form is signed until its expiration, for a maximum of 365 days. NOAs and verification requests from the past 60 days case history will not be available for an authorized CBO to view in BenefitsCal with a signed [ABCDM 229](#). Historical NOAs and verification requests may contain information about CalFresh household and/or CalWORKs AU members who are no longer a part of the household and/or AU.

### **REVIEWING THE RELEASE OF INFORMATION**

#### **Signature Requirements**

The signature requirements for the [ABCDM 229](#) are as follows:

- For paper [ABCDM 229](#): the primary applicant or their AR appointed in accordance with [ACL No. 19-55](#), released on May 31, 2019, or their parent/guardian if primary applicant is a minor, must sign the paper form with a wet signature to be valid.
- When using the ROI feature in BenefitsCal: the primary applicant must sign the electronic [ABCDM 229](#) using electronic signature.
- In two-parent households in which one parent is the primary applicant for all



programs: that primary applicant would sign the [ABCDM 229](#).

- In two-parent households in which parents are primary applicants on different programs: each parent would need to submit an [ABCDM 229](#) for their identified program information to be released to the CBO.

The signed ROI is equally valid in the situation that an advocate or another person in the community assists the primary applicant with transmitting their signed [ABCDM 229](#) to the CWD. The CWD may confirm the primary applicant's consent if clarification is needed. As a reminder, the roles of ARs in CalWORKs are limited to the purposes of assisting applicants/recipients for the fair hearings process as described in [ACL No. 16-02](#), and the MPP sections therein. The roles of ARs in CalWORKs are not changed or expanded with this ROI feature in BenefitsCal at this time. CBOs, including advocate organizations with agreements with the State or a CWD as described, may use this ROI feature in BenefitsCal to assist CalWORKs applicants/recipients as described in this letter.

When the [ABCDM 229](#) is submitted at the time of initial application in the BenefitsCal application for benefits flow, the [ABCDM 229](#) must be signed separately and apart from the application itself. The [ABCDM 229](#) will be signed and submitted after the application has been signed and submitted. Following initial application, primary applicants must have the option to request an ROI at any time with the authorized CBO of their choice. The [ABCDM 229](#) may be completed through the primary applicant's BenefitsCal account, or with a paper form. CWDs may release information following receipt of a signed [ABCDM 229](#) if they believe in good faith the release was signed by the primary applicant. This is in accordance with existing policies and information safeguards.

When the [ABCDM 229](#) is submitted to the CWD outside of the BenefitsCal account, the CWD has the option of accepting e-signatures, but is not required to accept e-signatures if not supported by CWD business practices and available technology, as described in [ACL No. 22-20](#), released March 4, 2022. CWDs can require wet signatures, if they don't have an e-signature process for their CWD business practice.

### **Automatic and Manual Approvals**

An ROI must be approved prior to becoming effective. The ROI is automatically approved and becomes effective immediately if the participant submits the ROI in BenefitsCal through their account portal and they are the primary applicant on an existing CalSAWS case in their county, and the date of birth and name on their [ABCDM 229](#) matches the date of birth and name in their CWD case.

Manual approval by the CWD of record is required when the [ABCDM 229](#) is submitted outside of the participant's BenefitsCal account, by document upload through primary applicant or CBO BenefitsCal accounts, or to CWDs in paper format. When participants do not have existing CWD cases and initiate the electronic ROI feature through their BenefitsCal accounts at the same time as initial application, manual approval by the CWD of record will be required for information to be released to the CBO.



Further, manual approval will be required by the CWD of record if there is a data mismatch between the date of birth and/or name listed on the [ABCDM 229](#) and the CWD case. Additional review by the CWD is required if there is a data mismatch in the mailing address listed on the ROI; however, it should not prevent the ROI from being approved. The CWD must review the ROI to determine if a change of address is being reported by the primary applicant.

When manual approval is required, the CWD must review the information on the CalSAWS ROI Detail page to:

- Ensure the participant signing the [ABCDM 229](#) is the primary applicant in the CalFresh and/or Medi-Cal household; and/or either the primary applicant member of the CalWORKs AU or the primary applicant caretaker relative of a CalWORKs AU child. The form may also be signed by the primary applicant's AR appointed in accordance with [ACL No. 19-55](#), and
- The data elements to be released to the CBO align with those data elements authorized for release on the [ABCDM 229](#).

The ROI must be approved if the two conditions listed above are met. CWDs will manually approve the ROI in CalSAWS by updating the status field on the ROI Detail page to "Approved". CWDs do not have the ability to reject or deny an ROI if conditions are met.

If any of the two conditions for approval are not met a CWD may contact the primary applicant to resolve the condition(s) in order to update the application to "Approved" status. The CWD may need to obtain an [ABCDM 229](#) signed by the primary applicant, using normal county business practice, before they may update the status field on the ROI Detail page to "Approved". If the CWD is unable to approve an ROI because one of the two conditions is not met, the ROI will remain pending for up to 365 days, or earlier if the primary applicant indicated a shorter period on the [ABCDM 229](#). At the end of the ROI period, ROIs in "Pending/Reviewed" status will automatically update to the "Expired" status. CWDs will change the status field on the ROI Detail page from "Pending" to "Reviewed" to identify that an ROI has been reviewed by the CWD but has not met the conditions to approve.

### **Resolving Discrepancies**

An ROI with a "Pending" status cannot be automatically approved in BenefitsCal and requires manual review by the CWD. ROIs that are submitted through BenefitsCal will be automatically set to a "Pending" status if one of the conditions for approval is not met. As such, ROIs with a "Pending" status must be reviewed for manual approval at initial application.

An ROI with a "Reviewed" status has already been manually reviewed by the CWD but does not yet meet conditions for approval. As such, ROIs with a "Pending/Reviewed" status must be reviewed no later than at periodic report (SAR 7) and recertification, whichever comes first.

Because Elderly Simplified Application Project (ESAP) eligible households no longer have periodic reporting requirements and are assigned to a 36-month certification period, ESAP households with an ROI in “Pending/Reviewed” status must be reviewed for manual approval every six months from the date of initial application. The CWD should document all efforts to address the pending ROI. As a best practice, CWDs are encouraged to review and confirm ROIs that were automatically approved with the primary applicant at every subsequent recertification.

CWDs must contact the primary applicant to clarify any discrepancies that prevent approval of the ROI. If the CWD is unable to contact the primary applicant to clarify the discrepancy, the ROI must remain in “Reviewed” status until the discrepancy is resolved or the ROI expires. If a CWD makes contact with the primary applicant who confirms they do not want to release the information on the [ABCDM 229](#), the CWD may update the status field on the ROI Detail page to “Revoked”. See Revoking ROI section below for more information. The CWD should document all efforts to clarify information including the reason for delaying approval of an ROI and any action or inaction that was taken.

In the rare instance where an ROI is in “Review” status for an inactive case, but the primary applicant reapplies and the case becomes active, the CWD must review the ROI at initial application.

Data mismatch between the name or date of birth on the [ABCDM 229](#) and the CWD case may include scenarios in which there are transposed numbers in the date of birth or shortened names such as “Jim” instead of “James”. In scenarios in which the CWD can reasonably determine upon review that the participant signing the [ABCDM 229](#) is the primary applicant of the program, the ROI may be approved without contacting the primary applicant. The data mismatch and the determination by the CWD should be documented.

The data elements released by the primary applicant to be viewed by the CBO in BenefitsCal, as reflected in CalSAWS, must match the most recent signed [ABCDM 229](#). CWDs are required to correct ROI authorizations to reflect the consent granted by primary applicants. Corrections may include administrative errors (e.g., typo, wrong entry, etc.) and the reason for the edits to the authorization must be provided. A new [ABCDM 229](#) will not be required of the primary applicant for these administrative corrections. All changes to an authorization by CWDs, other than to correct ROI authorizations to reflect the consent granted on the [ABCDM 229](#), including requests by the primary applicants, will require the execution of a new [ABCDM 229](#). The newly executed [ABCDM 229](#) will automatically revoke the previous [ABCDM 229](#) and take its place.

### **Revoking Release of Information**

Primary applicants can revoke CBO access to their information at any time through their BenefitsCal account. The termination of the ROI will be reflected in CalSAWS. Primary applicants can also terminate ROI access by contacting their CWD to revoke their ROI. CWD workers will terminate access in CalSAWS upon receiving communication from

the primary applicant requesting to do so.

CWDs will manually revoke the ROI by updating the status field on the ROI Detail page in CalSAWS to “Revoked”. The change will reflect automatically in BenefitsCal. The revocation of access in CalSAWS will also be reflected in the primary applicant and CBO BenefitsCal accounts. Revocation is effective immediately upon action by the primary applicants in BenefitsCal or upon notice to their CWDs.

CBOs do not have the ability to revoke an ROI. The CBO may notify the CWD or primary applicant if they have reason to believe an ROI should be revoked. CWDs who receive notification from a CBO that an ROI should be revoked must confirm with the primary applicant before changing the ROI status to “Revoked”.

Each ROI is distinct to the CBO who is permitted to access the information and the CWD from which the information is provided. Primary applicants and CBOs should be advised that a revocation only takes effect on the ROI specified by the primary applicant. If a primary applicant would like to revoke multiple ROIs then they would have to specify which ones they would like to revoke. For example, if a primary applicant would like to revoke ROIs that exist with the same CBO in multiple counties, they would have to revoke those ROIs that exist for each CWD individually. The primary applicant may do this by revoking those ROIs in their BenefitsCal account, or by contacting each CWD. This guidance is specific to the [ABCDM 229](#) and does not imply any relevance to any other release, document, or authorization.

## **INTERCOUNTY TRANSFER**

An [ABCDM 229](#) is applicable only to a specific CWD and CBO. There is no limit to the number of CBOs a primary applicant may release information to, but a separate [ABCDM 229](#) is required for each CWD and CBO combination. For example, a primary applicant may have a signed [ABCDM 229](#) releasing case information from CWD X to CBO A, and also have a signed [ABCDM 229](#) releasing information from CWD X to CBO B. If the primary applicant moves to CWD Y and wants to continue sharing case data elements in BenefitsCal with CBO A, a separate signed [ABCDM 229](#) releasing information from CWD Y to CBO A is required.

Any primary applicant who moves from one county to another county may have an ROI in both their originating county and their new county with the same CBO or a new CBO.

## **COPIES AND TRANSLATIONS**

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual’s preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#). For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not available, recipients who have elected to receive materials in

languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

Per [Government Code Section 7290, et seq.](#), the County Welfare Departments must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP Section 21-115](#) and [ACL 19-45](#).

If you have any questions regarding this ACL, please contact [CalFreshPolicy@dss.ca.gov](mailto:CalFreshPolicy@dss.ca.gov). For questions related to the CalWORKs program please contact [CWEligibilityPolicy@dss.ca.gov](mailto:CWEligibilityPolicy@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

JULIANNA VIGNALATS  
Acting Deputy Director  
Family Engagement and Empowerment Division

Attachment

## APPLICANT/RECIPIENT'S AUTHORIZATION FOR RELEASE OF INFORMATION TO COMMUNITY-BASED ORGANIZATION (CBO) IN BENEFITSCAL

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To: (Name of County that information is being requested from) \_\_\_\_\_

I, (Applicant/Recipient Name) \_\_\_\_\_

**whose contact information is**

(Applicant/Recipient Mailing Address) \_\_\_\_\_

☐ I don't have a mailing address

(Applicant/Recipient Phone Number) \_\_\_\_\_

☐ I don't have a phone number

**give you permission to release to** (name of CBO) \_\_\_\_\_

**specific information on the following program(s) (select all that apply):**

☐ CalFresh

☐ Medi-Cal

☐ CalWORKs

\*(Not required) for Medi-Cal, you may select the person(s) at the chosen CBO above that you allow information to be shared with. If you do not choose anyone, any employee of the CBO identified above may have access to your information. \_\_\_\_\_

\*If Medi-Cal is checked, please select the reason for sharing this information:

☐ Assist in applying for and/or keeping public benefits

☐ A specific case issue

☐ At the request of the individual

☐ Other: \_\_\_\_\_

I ask the following specific information be released to the CBO identified above (select all information you want to share):

☐ Notices of Action (NOAs)

☐ Verification Requests from your County Worker

☐ Benefit Award

☐ Program Status

☐ Termination Reason(s)

☐ Upcoming SAR 7 and Renewal Due Dates

**How long do you want the information you marked above to be shared with the CBO?** This time period begins the date this form is signed. Please note: any new specific information marked above that becomes available during this time period will also be made available to the CBO (select one option).

☐ 365 calendar days

☐ Number of days (less than 365 days): \_\_\_\_\_ days

You can also share with the CBO what has happened in the past, except for any of your previous NOAs and Verification Requests from your County Worker. **What length of your case history, as available in BenefitsCal and limited to the information you marked above (except for NOAs and Verification Requests from your County Worker), do you request be shared with the CBO (select one option)?**

- ☐ The past 60 days
- ☐ No case history

**I understand that by signing this authorization (permission) form that I agree to and understand the following:**

- Whether I completed this form or not has no effect on my eligibility for benefits.
- I authorize (give permission) for the use and/or disclosure of my information as described above for the programs and reason listed above. I understand that this authorization is voluntary.
- I have the right to revoke (cancel) this authorization at any time by contacting the County listed above in person or by mail, phone, or electronically. The authorization will end on the date the County gets my request to cancel.
- The CBO is prohibited from re-disclosing (sharing) the information except with my written authorization, or as specifically required or permitted by law.
- I have the right to get a copy of this signed form.
- If the organization or person I have authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.
- This authorization is effective (starts) the date that I sign this form.
- This form was filled out completely and was read by me (or read to me) before signing.
- **By signing this form, I cancel any previous release of information I signed with the CBO and/or person(s) named in this form. The CBO and/or person(s) listed on this form are only given permission to see the information that I have chosen above.**

Applicant/Recipient Name	Birth Date
Signature of Applicant/Recipient or Authorized Representative	Date

**FOR CALWORKS AND MEDI-CAL ONLY**

Signature of Parent/Guardian (If applicant/recipient is a minor)	Date
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