Instructions for the completing the

RSS Authorization for Release of Information

*Please review the following instructions prior to signing the RSS Authorization for Release of Information form below. Any forms completed incorrectly will need to be resubmitted by the applicant or his/her legal guardian. Information to be completed under "**Individual and/or Agency Name**" includes:*

a) *County Dept of Job & Family Services:* County or counties (if applicant will be changing county of residence) where applicant receives Medicaid benefits

b) *Nursing Home:* Name of the nursing home where applicant currently resides

c) *Community Residence:* Name of the RSS-eligible community residence, i.e. Adult Care Facility, Adult Foster Home, or Assisted Living Facility **(Please note the nursing home should not be listed.)**

d) *Case Manager:* Name of the case manager & agency, if applicable

e) *Representative Payee:* Name of the representative payee & agency, if applicable

f) *Other:* Name(s) of other individual(s) acting on the individual's behalf, e.g. family members, long-term care ombudsman

If the applicant has a legal guardian, then he or she should provide that information in the space provided, and sign the form.