

DDA OPERATED MEDICAID WAIVER PROGRAMS

CONSENT FOR RELEASE OF INFORMATION

REGARDING AN APPLICATION FOR MEDICAL ASSISTANCE OR FOR A
REDETERMINATION OF MEDICAL ASSISTANCE

This form authorizes the Eligibility Determination Division (EDD) to release information to the Developmental Disabilities Administration (DDA) Coordination of Community Services Agency (CCS) regarding any information needed in order to determine or maintain eligibility for Medical Assistance.

Information would be released to:

Name of applicant/recipient (please print)

Date of Birth

Signature of applicant/recipient or authorized representative

Date