Independence First The Resource for People with Disabilities 540 South 1st Street

540 South 1st Street Milwaukee WI 53204 (414) 291-7520

OBTAINING CONFIDENTIAL INFORMATION FORM FOR THE PERSONAL ASSISTANCE SERVICES PROGRAM

All matters related to an individual's records are considered privileged and confidential, and are treated as such by the employees of IndependenceFirst. Information regarding such matters cannot be given without the consent of the authorized individual.

I,					
Con	sumer Name				
Street	Address	City	State	Zip	
Social Security Number			Date of Birth	Date of Birth	
Herel	by authorize Independen	ceFirst to receive	from and submit	to:	
0			3		
0	Primary Funding				
0	Other (List)				
The F	ollowing information/rec	cords:			
0	Physician's Orders to per				
0					
0	MA Home Care Assistar	nt			
0	PCW Timesheets				
0	,				
0	Other (List)				
_					
This i	information/record is needsee. This consent is valid	eded for the follo for one year from	wing purposes and n the date signed.	will be limited to	
Consumer Signature			Date		
Paren	t/Guardian Signature, whe	n applicable	Date		