

PURPOSE

Use as the household member's authorization to release information that will help determine the household's CIHCP eligibility.

PROCEDURE

Complete an original and one copy of the Form 108.

Issue the original Form 108 to the person or agency that will provide the requested information.

File the copy of the Form 108 in the case record.

DETAILED INSTRUCTIONS

Enter the case record name.

Enter the case record number.

Enter the name of the person or agency to whom information will be released.

Specific Request. Check this box if the client wants to limit the release of information to specific items or a specific time period.

- Enter the type of Information Requested, such as:
 - o Type and amount of benefits,
 - o Amount of income, or
 - o Degree of disability.
- Enter the Period Covered for specific information to be released, such as:
 - o "for September 2002" and
 - o "pertinent to the September certification."

General Request. Check this box if there are no restrictions on the type of information to be released.

The person about whom the information is being requested must sign and date Form 108.

One witness signs and dates Form 108, if applicable.

FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year following the date on which the application is submitted.