

**INFORMATION RELEASE FORM**

I hereby authorize the South Carolina Department of Health and Human Services to verify my income including but not limited to Social Security, Supplemental Security Income, Veterans Benefits, private pensions, earned income, etc.; my resources including but not limited to checking and savings accounts, certificates of deposit, individual retirement accounts, credit union accounts, etc.; insurance, medical history, and expenses; and any other facts relevant to my eligibility for participation in programs administered by the Department of Health and Human Services.

I also authorize any person, partnership, corporation, association, or governmental agency possessing information on such matters to release such information to the Department of Health and Human Services.

I certify that I have read the above statement and understand that this gives my permission for release of such information.

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witnesses to Signature (if signed by an X): 1. \_\_\_\_\_

2. \_\_\_\_\_

## Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail at: PO Box 8206, Columbia, SC 29202-8206, by phone at: 1-888-549-0820 (TTY: 1-888-842-3620), or by email at: [civilrights@scdhhs.gov](mailto:civilrights@scdhhs.gov).

If you believe SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person, by mail, or via email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>