

FACSIMILE TRANSMITTAL SHEET

TO: _____ FROM: Shatara C.
COMPANY: _____ DATE: 9/29/17
FAX NUMBER (012) 395-5574 TOTAL # OF PAGES (inc. cover): 3
PHONE NUMBER: _____ RE: _____

URGENT REVIEW , PLEASE COMMENT PLEASE REPLY

NOTES/COMMENTS: _____



Minnesota Department of Human Services



DHS-2146-ENG

4-13

Authorization for Release of Employment Information

Date: 9/29/17

Case number: 1655276

To:

Worker name: Hailey Johnson
 Agency name: Hired
 Agency address: 800 E Minnehaha
 City, state, zip code: St Paul MN 55106
 Worker phone: 651 328 2777 Fax: 328 2838

We need to verify the employment information for the person listed below:

Person name: Sha Tana Carpenter Social Security number: XXX-XX-____
 Address: 878 Bradley St St Paul MN
 City/state/zip code: 55130

Please provide the information requested on the back of this form and sign the form where indicated. On the bottom half of this form is a signed authorization to release information to the human services agency shown below.

Thank you for your cooperation.

Authorization for Release of Information

Giving Permission: I give permission for the person/organization above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

Consequences: State and Federal privacy laws protect my records. I know:

- Why I am being asked to release this information
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, the information will not be released unless the law otherwise allows it
- I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others by DHS, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

CLIENT SIGNATURE 	DATE 9.29.17	Original copy for agency Provide copy to client
SIGNATURE OF SPOUSE/GUARDIAN/AUTHORIZED REPRESENTATIVE	DATE	

FEIN	PHONE NUMBER	DATE
EMPLOYER SIGNATURE		COMPANY/BUSINESS NAME

is not a contract for services.

I understand that the information provided on this form is correct to the best of my knowledge. I understand that this form

Signature of employer:

Does the employee have medical insurance through you or your company? Yes No

Is medical insurance available through you or your company? Yes No

If yes, what is the employee cost? \$ _____ per _____ (period of coverage)

Medical insurance:

Date received	Gross earnings	No. of hours worked	Advances/Tips/Bonuses	Child Support withheld	Medical insurance

Income received (Record only those wages which you are reasonably certain the employee will be paid.)

Note: For future months, anticipate income.

Attach verification of income earned, itemized by pay period, or complete the table below.

SUN	MON	TUES	WED	THUR	FRI	SAT

Work Schedule:

EMPLOYMENT IS: Full time Part time

AVERAGE # HOURS PER PAY PERIOD: _____

HOW OFTEN PAID: Each week Once a month Every two weeks End of job Twice a month Other

What was the date of the first pay check received? _____

Income received/expected:

Provide information for these months: _____

Pay rate: \$ _____/hour \$ _____/day \$ _____/acre Other (explain): _____

If per acre, # of acres anticipated? _____

Does this rate depend on the type of work performed? Yes No

If yes, explain: _____

REASON ENDED	EXPLAIN:
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Employment period:	
DATE BEGAN/EXPECTED TO BEGIN	DATE ENDED/EXPECTED TO END
	IF ENDED, DATE LAST PAID
GROSS AMOUNT	

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	CASE NUMBER

Employment Information

To be completed by employer - return both pages to requesting agency

(Mail or fax to agency address/fax number on first page)