

Limited Authorization to Release Records Transfer of LIHEAP Application to Community Navigation Provider

Applicant Information

1. Applicant's Name (*Last, First, M.I.*): _____

2. Date of Birth: _____ 3. Application ID#: _____

Recipient Agency Information

4. Name of Community Navigation Provider: _____

I authorize the Arizona Department of Economic Security (ADES) to electronically transfer my online LIHEAP application (3), and all associated information contained therein, to my local Community Navigation Provider (4) in accordance with the information listed above. The purpose of this release is to assist in the navigation of LIHEAP services, and determining eligibility for services with ADES.

By signing this release, I understand that:

- Transferring my application allows the recipient agency to view my Personally Identifiable Information (PII), household information, previous benefit history, and all associated LIHEAP application information.
- My application remains confidential and the recipient agency may not release my application or information without authorization or unless otherwise permitted by law.
- I can revoke this authorization at any time in writing, except to the extent that the authorized release has been acted upon prior to receipt of the written revocation.
- Receipt of LIHEAP services is not conditioned upon my signing this authorization. I do not have to sign this authorization; if I do not sign it, I may not be able to receive navigation services with my existing application and will have to request services by other means.
- I may request a copy of this release.
- This authorization shall remain in effect for 30 days from the date below.

Applicant Signature: _____ Date: _____