CONSENT FOR THE RELEASE OF YOUR NAME

TO A CENTER FOR INDEPENDENT LIVING (CIL)

In 2007, the Minnesota Legislature asked the Department of Human Services to establish a process with the Centers for Independent Living (CIL) to allow a person residing in a Minnesota nursing facility to receive information, consultation and assistance from a CIL about available community support options that may enable the person to relocate to the community.

If you are under the age of 65, live in a nursing home, indicate a desire to live in the community and are not currently receiving relocation assistance you would be eligible to receive this service. The CIL is an agency located regionally that works with individuals seeking to live and remain in their home communities rather than reside in larger facilities. If you are interested and agree to obtain information from a CIL representative regarding options for living in the community, then we would like to share your name with the CIL. Because federal and state privacy laws are designed to protect your privacy, you must sign this consent form to allow the Department of Human Services to release your name to a CIL representative in your region.

The consent form will be given to you by the staff person who does an assessment of your needs when you are in the nursing home. Once the consent form is received by the CIL, they will contact you to set up a time to meet and provide information about available community support options. This visit does not obligate you, in anyway, to the CIL.

This information is for your records.
CONSENT TO RELEASE MY NAME TO RECEIVE INFORMATION

I am requesting that a representative from a Center for Independent Living visit me to provide information about available community support options.

By signing the consent I understand that:

- Federal and state law is designed to protect my privacy and that my name cannot be released without my consent.
- My name will be released to the regional Center for Independent Living and that a representative will contact me to arrange a visit.
- The Center for Independent Living will ensure that information that you provide them remains private.
- I am not obligated in any way to the Center for Independent Living that provides me with information about community support options.
- This consent will end one year from the date I sign it unless I cancel this consent in writing.

Please provide all the information requested below:

Please **print** your name: __________________________________________________________

Nursing home name: __________________________________________________________

Street address and city: __________________________________________________________

Please **sign** you name: ________________________________________________________ Date: _____________