Authorization of Release Information

**Department of Human Services:** (please print)

I, (WIOA Participant Name) hereby authorize the Local Workforce Innovation Area 26. (LWIA #26) and, or the contracted service providers Shawnee Development Council, Inc. (SDC) or Wabash Area Development, Inc. (WADI) to access information relevant of my Temporary Assistance for Needy Families (TANIF), Supplemental Nutrition Assistance Program (SNAP)and IDHS Illinois EBT Link Card (LINK) necessary to make a WIOA eligibility determination.

I authorize the Department Of Human Service agencies to release relevant data to LWIB #26 or their service providers SDC and WADI for the term of one (1) year from signature date.

Participant Signature Date

Last 4 ss# DOB

Parent/Guardian Signature (if under 18) Date

Last 4 ss# DOB