



CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

## **Financial Aid Information**

Financial Aid Officer:	Worker name:	
School name:	Agency name:	
School address:	Agency address:	
,	,	
Officer phone:	Worker phone number:	
Email address:	Fax number:	
	County email:	
RE:		
Student name:	Student ID number:	
Address:	Maxis number:	
City, state, zip code: ,		
Student phone:		
Student email:		

We need to verify information about the student listed above. Please provide the information requested. Attach verification documents or record the information on the back of this form and sign where indicated. Return the form to the requesting agency. On the bottom half of this form is a signed authorization to release information to the human services agency listed above.

#### **Authorization for Release of Information**

**Giving Permission:** I give permission for the person/organization and the agency above to share the listed information. 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 share/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 shared/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.

I have read and understand the authorization to release information above. I understand the county agency and the school will share this information among staff persons who need the information to do their jobs. They may also share with the Department of Employment and Economic Development.

STUDENT'S SIGNATURE	DATE

#### **Financial Aid Information**

**Instructions:** Either the county agency worker or financial aid officer may initiate this form. Please print/type all information except signatures. Fully complete all sections.

**Part A – Student information and date section:** The receiving agency is requested to confirm/correct/complete this information. (If the initiator completes this form on-line this section will auto-fill from the information entered on page one.)

STUDENT NAME				MAXIS NUMBER		ST	STUDENT ID NUMBER	
STUDENT STREET ADDRESS								
CITY			STATE		ZIP CODE		PHONE NUMBER	
FINANCIAL AID OFFICER		SCHOOL NAME				PH	HONE NUMBER	
WORKER NAME		AGENCY NAME				PH	HONE NUMBER	
Part B – Student status of financial awards.	section: This section is	to establish th	ne student's	attend	ance status ar	nd th	e availability date	
SCHOOL START DATE	SCHOOL END DATE	DEGREE/PRO	OGRAM					
This student attends:	Full time	3/4 time	1/2 ti	me	C Less tha	n 1/2	time	
The student is an:	<ul><li>Undergraduate</li></ul>		e Othei	r (specif	fy)			
The student is enrolled in:	Perkins V program High-Priority Occup Other program (list directly to employr	pation program program name		ear pro	gram that will l	ead		

**Part C – Student and expense section:** The financial aid office is requested to attach a copy of the student's most recent financial aid statement OR complete the student income section. If a financial aid summary is used, clearly identify all student income sources and expenses. Make sure the "period" column is complete and shows the exact dates the income/expense figures cover.

**P/A column (Pending/Accepted):** Used to indicate whether the income from each source is pending (P) or has been accepted (A). An example of the use of these codes is: If the student is offered work study but is not currently participating, use the P code. Use the A code when the student is participating in work study. If the student has not been offered work study leave the column blank.

**EM column (Earmarked):** Used to indicate if student funding is designated or "earmarked" for a specific purpose for that funding source. Enter "Y" (Yes) or "N" for No. If the funds are "earmarked" identify the specific expenses, amounts and time periods the expenses are to cover in the "Comments" section.

Page 2 of 6 DHS-2646-ENG 5-22

Student aid type	1	Amount	Period	P/A	EM
Title IV					
PELL Grant					
SEOG Grant					
Sub Fed Stafford Loan					
Unsub Fed Stafford Loan					
FED Perkins Loan					
Federal Work Study					
Grant					
Other					
Non Title IV					
Workforce Innovation and Opportunity Ac					
Division of Rehabilitation Services (Depart Security) (DRS)	ment of Economic				
Employment Services Fund (ES)					
Scholarship(s)					
State Work Study					
MN State Grant					
#1 Loan (n	et)				
#2 Loan (n	et)				
Other					
Expense Type	Amount		Period		
Tuition	Amount		Period		
·	Amount		Period		
Tuition	Amount		Period		
Tuition  Mandatory Fees	Amount		Period		
Tuition  Mandatory Fees  Books	Amount		Period		
Tuition  Mandatory Fees  Books  Supplies	Amount		Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation	Amount		Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal	Amount		Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal  Dependent Care	Amount		Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal  Dependent Care  Other	Amount		Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal  Dependent Care  Other		OR THIS STUDENT	Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal  Dependent Care  Other  Other  WHAT IS THE ESTIMATED FAMILY CONTRIBUTION		OR THIS STUDENT	Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal  Dependent Care  Other  Other		OR THIS STUDENT	Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal  Dependent Care  Other  Other  WHAT IS THE ESTIMATED FAMILY CONTRIBUTION		OR THIS STUDENT	Period		
Tuition  Mandatory Fees  Books  Supplies  Transportation  Miscellaneous Personal  Dependent Care  Other  Other  WHAT IS THE ESTIMATED FAMILY CONTRIBUTION		OR THIS STUDENT	Period		

Page 3 of 6 DHS-2646-ENG 5-22

### **Civil Rights Notice**

**Discrimination is against the law.** The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

racecreedpublic assistance statusdisabilitymarital statussex

national origin
 sexual orientation
 age
 political beliefs

### **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

# Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

• race • sex

colornational originmarital status

religion
 public assistance status

creed
 disability

Contact the MDHR directly to file a complaint:

Minnesota Department of Human Rights 540 Fairview Avenue North, Suite 201 St. Paul, MN 55104 651-539-1100 (voice) 1-800-657-3704 (toll free) 711 or 1-800-627-3529 (MN Relay) 651-296-9042 (fax) Info.MDHR@state.mn.us (email)

# U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

raceagereligion

colornational originsex

Contact the **OCR** directly to file a complaint:

Office for Civil Rights

U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240

Chicago, IL 60601

Customer Response Center: Toll-free: 1-800-368-1019 TDD Toll-free: 1-800-537-7697 Email: ocrmail@hhs.gov

#### **U.S. Department of Agriculture**

You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1-866-632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, DC 20250-9410;
- (2) fax: 202-690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Page 5 of 6 DHS-2646-ENG 5-22

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ያስተውሉ፡ ይህንን ዶኩማንት ለመተርጎም እርዳታ የሚፈልጉ ከሆነ፡ የጉዳዮን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أريت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 0377-358-800-1.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលខេ 1-888-468-3787 ។

請注意,如果您需要免費協助傳譯這份文件,請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thoy ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သူဉ်ဟိသးဘဉ်တက္နာ. ဖွဲ့နမ့်၊လိဉ်ဘဉ်တာ်မ1-844-217-3549 တက္နာ.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)