

**Request for Information from Bureau of Veterans Affairs
and Client's Authorization**

Name of Veteran	C or XC No.	Date
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<p>Bureau of Veterans Affairs Regional Office</p>	
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<p>Return To:</p>

<p>I hereby grant permission for the Bureau of Veterans Affairs to disclose the information requested below to the Health and Human Services Commission. I understand that this information may have a bearing on my eligibility for assistance.</p>	
<p>_____</p> <p>Signature—Veteran</p>	<p>_____</p> <p>Date</p>

Please furnish the following information on benefits received by:

Name	Payee (if different)	Claimant Institutionalized?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		

FEDERAL TAX INFORMATION (Check the appropriate box.)

- Yes
- No

Comments: (up to 4 lines)

THANK YOU for taking the time to complete all of the information on Page 2. Your help is greatly appreciated.

<p>_____</p> <p>Signature—HHSC Staff</p>	<p>_____</p> <p>Date</p>	<p>Telephone No. (incl. area code)</p>
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VA Representative—Please Complete and Return Page 2 Only

