



AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

State Form 3234 (R9 / 3-07) / FI 0014

CONFIDENTIALITY STATEMENT

The information obtained on this form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 45 CFR 205.50, 405 IAC 1-1-12, 7 CFR 272.1(c), and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant/recipient whose signature appears below.

Date (month, day, year)

Case number

Social Security number

INSTRUCTIONS: This form is to be used by the County Office of Family Resources to obtain financial information from banks, building and loan associations, and other financial institutions about an applicant or recipient or his / her spouse or parent(s).

Two (2) copies of the form are to be signed by the applicant or recipient and delivered to the financial institution.

The financial institution is to retain one (1) copy and return the other to the County Office of Family Resources.

Name of financial institution		
Address (number and street, city, state, and ZIP code)		
I hereby authorize you to release information about my finances, which is necessary to establish my eligibility for Temporary Assistance For Needy Families (TANF), Medicaid, Food Stamps or other assistance programs administered by the Division of Family Resources to the _____ County Office of Family Resources.		
Signature of applicant or recipient		Full address of applicant or recipient (number and street, city, state, and ZIP code)
Printed name of applicant or recipient		
Signature of spouse or parent of applicant or recipient		Full address of spouse or parent (number and street, city, state, and ZIP code)
Printed name of spouse or parent of applicant or recipient		
The above person(s) is requesting or receiving public assistance. We are requesting the cooperation of your institution in completing the back of this form and returning the form to _____ County Office of Family Resources so that an eligibility determination can be made. If more space is needed, please use additional sheets and attach to this form.		
County Office of Family Resources	Signature of caseworker	Date (month, day, year)

THIS PORTION TO BE COMPLETED BY FINANCIAL INSTITUTION			
Checking account <input type="checkbox"/> Yes <input type="checkbox"/> No	Full name(s) on account		Date opened (month, day, year)
	Account number		
Balance as of: (date)	Balance as of: (date)	Balance as of: (date)	Balance as of: (date)
Amount \$	Amount \$	Amount \$	Amount \$
Interest accrued during the month of:	Interest accrued during the month of:	Interest accrued during the month of:	Interest accrued during the month of:
Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)
Amount \$	Amount \$	Amount \$	Amount \$
Regular / Time savings account <input type="checkbox"/> Yes <input type="checkbox"/> No	Full name(s) on account		Date opened (month, day, year)
	Account number		
Balance as of: (date)	Balance as of: (date)	Balance as of: (date)	Balance as of: (date)
Amount \$	Amount \$	Amount \$	Amount \$
Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:
Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)
Amount \$	Amount \$	Amount \$	Amount \$
Certificate(s) of Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No	Full name(s) on certificate(s)		Date purchased (month, day, year)
	Certificate number(s)		
Cash value(s) as of: (date)	Cash value(s) as of: (date)	Cash value(s) as of: (date)	Cash value(s) as of: (date)
Amount \$	Amount \$	Amount \$	Amount \$
Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:
Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)
Amount \$	Amount \$	Amount \$	Amount \$
Christmas Club account <input type="checkbox"/> Yes <input type="checkbox"/> No	Full name(s) on account		Date opened (month, day, year)
	Account number		
Balance as of: (date)	Balance as of: (date)	Balance as of: (date)	Balance as of: (date)
Amount \$	Amount \$	Amount \$	Amount \$
Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:	Dividends/interest accrued during the month of:
Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)	Date paid (month, day, year)
Amount \$	Amount \$	Amount \$	Amount \$
Are any of these restricted accounts? [If Yes, which one(s)?] <input type="checkbox"/> Yes <input type="checkbox"/> No		In whose name(s)?	
Reason for restriction		Is there any possibility of obtaining all or part of the funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate date (month, day, year)
Safety deposit box <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) last entered		Name(s) on Register
Loans in force (secured and unsecured) <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan number	Collateral:	
	In whose name(s)?		
Balance as of: (date)	Balance as of: (date)	Balance as of: (date)	Balance as of: (date)
Amount \$	Amount \$	Amount \$	Amount \$
Recent closure of account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete the following:	Account number	
	Date of Closure	Balance at Closure \$	
Typed name or stamp of financial institution		Signature and title of officer	
		Date signed (month, day, year)	