

AUTHORIZATION TO RELEASE INFORMATION

To: Maine Department of Health and Human Services
Social Security Administration

You are hereby authorized to furnish the Maine Trust for People with Disabilities, PO Box 9729, Portland, ME 04104-5027 (the "Trust") and the Trust's legal counsel Bernstein Shur, 100 Middle Street, Portland, ME 40101, all information within your knowledge or possession regarding public benefits, including but not limited to Medicaid, MaineCare, SSI (Supplemental Security Income), Social Security Disability, housing, TANF, Food Stamps, Veterans Benefits, relating to the following person:

(Name, address and SSN of individual who is a beneficiary or a potential beneficiary):

SSN: _____

A photocopy of this authorization shall have the same effect as the original.

DATED: _____, 20__

Signature

Print or type name