Acknowledgment of Receipt of Verbal Consent
MCCP

This form is used to document an applicant's assignment of verbal consent to an individual/entity. This verbal consent is limited to the completion and submission of an application for Medical Assistance for the Medical Care for Children Partnership (MCCP) and authorizes to release information. This form should be used by individuals and entities such as application assisters, navigators, and Certified Application Counselors (CACs).

Applicant's Name:_____

Address:_____ **Apartment Number:**_____

City:_____ **State:**_____ **Zip:**_____

Phone Number:_____ **Date of Verbal Authorization:**_____

This form should be submitted along with the application for MCCP. **This form is required to complete the application process.**

Your signature on this form certifies:

- The father/mother/legal guardian of the applicant has been informed and understands your role and responsibilities as an application assister.
- The father/mother/legal guardian has granted you permission to create, collect, disclose, access, maintain, store, and/or use personal information in order to carry out the roles and responsibilities of an application assister as authorized by federal and state statutes and regulations.
- The father/mother/legal guardian understands this grants you the limited authority to complete, sign, and act on the application for Medical Assistance. *Additional written consent and authorization is required for appointment as an applicant's authorized representative.*
- The father/mother/legal guardian understands this verbal consent authorizes the Department of Family Services to release information to you/and your organization.
- The father/mother/legal guardian understands this authorization can be revoked at any time.
- The father/mother/legal guardian has received a copy of this consent form.

Your signature certifies, under penalty of perjury, the information provided on this form and on the associated application is true and accurate to the best of your knowledge. You may be subject to penalties under federal law if you provide false and or untrue information.

Your Name:_____

Organization Name:_____

Organization Address:_____ **Suite Number:**_____

City:_____ **State:**_____ **Zip:**_____

Phone Number:_____

Signature:_____ **Date:**_____