



# Outreach Partner Consent Form

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I give consent for a staff person at \_\_\_\_\_  
Name of Agency

to inquire about my application or case status, including any verifications I need to provide to DHS.

Print Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Signature: (Print Name) \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completion of this form by the customer is voluntary. Refusal to complete this form does not affect eligibility for SNAP outreach services provided by the Outreach Partner, or the customer's eligibility for benefits. This consent form is not valid more than 180 days beyond the date of signature.**