



Minnesota Department of **Human Services**

Minnesota Health Care Programs

Employer Statement

Attachment B



Date: _____
Case number: _____
Worker name: _____
Worker phone number: _____
Fax number: _____
Agency name: _____
Agency address: _____

Why did I get this form?

We need more information about your current job.

What do I need to do?

Write your name and Social Security Number below. **Give this form to your employer.** Ask your employer to fill out the back of this form and return it to the agency address shown above.

EMPLOYEE NAME	SOCIAL SECURITY NUMBER
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Authorization for Release of Information

Giving permission. I give permission to the employer/union listed above to release the requested information to the above agency. This information is used to figure my eligibility for public assistance and/or services.

Consequences: State and federal privacy laws protect my records. I know:

- Why I am being asked to share/release this information.
- I do not have to consent to this authorization, but it may affect my benefits or services if I do not give my consent.
- That, generally, I must give my written consent for this person/agency to give out this information, but if I do not consent, this information will not be released unless the law otherwise allows it.
- I may stop the authorization with a written notice at any time, but this written notice will not affect information the agency has already shared/requested.
- The person or agency who gets my information may be able to pass it on to others.
- If my information is passed on to others by the Department of Human Services, it may no longer be protected by this authorization.

This authorization will end one year from the date I sign it, unless the law allows for a longer period.

EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)
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This information is available in alternative formats to individuals with disabilities by calling your agency at (651) 431-2670 or (800) 657-3739. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.

This section to be completed by the employer

Case number: _____

Please provide the following information about the employee named on the front of this form.

EMPLOYER'S COMPANY NAME		
START DATE (MM/DD/YYYY)	HOURLY WAGE \$	AVERAGE NUMBER OF HOURS WORKED PER PAY PERIOD
HOW OFTEN PAID <input type="checkbox"/> EACH WEEK <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> TWICE A MONTH <input type="checkbox"/> ONCE A MONTH <input type="checkbox"/> OTHER		
OTHER INCOME (TIPS, COMMISSIONS, OVERTIME) WEEKLY AVERAGE \$	IS THIS SEASONAL EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SEASONAL, HOW MANY MONTHS?

Pay received in the past 30 days

DATE PAY RECEIVED (MM/DD/YYYY)	GROSS EARNINGS	ADDITIONAL PAYMENTS (advances, tips, bonuses)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

EMPLOYER SIGNATURE	TITLE
PRINT NAME	PHONE NUMBER

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.