

CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

# Financial Aid Information

Financial Aid Officer:

School name:

School address:

Officer phone:

Email address:

Worker name:

Agency name:

Agency address:

Worker phone number:

Fax number:

County email:

## RE:

Student name:

Address:

City, state, zip code: ,

Student phone:

Student email:

Student ID number:

Maxis number:

We need to verify information about the student listed above. Please provide the information requested. Attach verification documents or record the information on the back of this form and sign where indicated. Return the form to the requesting agency. On the bottom half of this form is a signed authorization to release information to the human services agency listed above.

## Authorization for Release of Information

**Giving Permission:** I give permission for the person/organization and the agency above to share the listed information. 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, the information will not be released unless the law otherwise allows it
- I may stop this 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 DHS, 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.

I have read and understand the authorization to release information above. I understand the county agency and the school will share this information among staff persons who need the information to do their jobs. They may also share with the Department of Employment and Economic Development.

STUDENT'S SIGNATURE

DATE

# Financial Aid Information

**Instructions:** Either the county agency worker or financial aid officer may initiate this form. Please print/type all information except signatures. Fully complete all sections.

**Part A – Student information and date section:** The receiving agency is requested to confirm/correct/complete this information. (If the initiator completes this form on-line this section will auto-fill from the information entered on page one.)

STUDENT NAME		MAXIS NUMBER	STUDENT ID NUMBER
STUDENT STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
FINANCIAL AID OFFICER	SCHOOL NAME		PHONE NUMBER
WORKER NAME	AGENCY NAME		PHONE NUMBER

**Part B – Student status section:** This section is to establish the student's attendance status and the availability date of financial awards.

SCHOOL START DATE	SCHOOL END DATE	DEGREE/PROGRAM
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- This student attends:     Full time             3/4 time     1/2 time             Less than 1/2 time
- The student is an:         Undergraduate     Graduate     Other (specify) \_\_\_\_\_
- The student is enrolled in:     Perkins V program
- High-Priority Occupation program
- Other program (list program name) that is a 2 year program that will lead directly to employment \_\_\_\_\_

**Part C – Student and expense section:** The financial aid office is requested to attach a copy of the student's most recent financial aid statement OR complete the student income section. If a financial aid summary is used, clearly identify all student income sources and expenses. Make sure the "period" column is complete and shows the exact dates the income/expense figures cover.

**P/A column (Pending/Accepted):** Used to indicate whether the income from each source is pending (P) or has been accepted (A). An example of the use of these codes is: If the student is offered work study but is not currently participating, use the P code. Use the A code when the student is participating in work study. If the student has not been offered work study leave the column blank.

**EM column (Earmarked):** Used to indicate if student funding is designated or "earmarked" for a specific purpose for that funding source. Enter "Y" (Yes) or "N" for No. If the funds are "earmarked" identify the specific expenses, amounts and time periods the expenses are to cover in the "Comments" section.

Student aid type	Amount	Period	P/A	EM
<b>Title IV</b>				
PELL Grant				
SEOG Grant				
Sub Fed Stafford Loan				
Unsub Fed Stafford Loan				
FED Perkins Loan				
Federal Work Study				
Grant _____				
Other _____				
<b>Non Title IV</b>				
Workforce Innovation and Opportunity Act (WIOA)				
Division of Rehabilitation Services (Department of Economic Security) (DRS)				
Employment Services Fund (ES)				
Scholarship(s)				
State Work Study				
MN State Grant				
#1 _____ Loan (net)				
#2 _____ Loan (net)				
Other _____				

Expense Type	Amount	Period
Tuition		
Mandatory Fees		
Books		
Supplies		
Transportation		
Miscellaneous Personal		
Dependent Care		
Other		
Other		

<b>WHAT IS THE ESTIMATED FAMILY CONTRIBUTION (EFC) FOR THE ACADEMIC YEAR FOR THIS STUDENT</b>
COMMENTS

SIGNATURE	DATE
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## Civil Rights Notice

**Discrimination is against the law.** The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
1-800-657-3704 (toll free)  
711 or 1-800-627-3529 (MN Relay)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)

### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Customer Response Center:  
Toll-free: 1-800-368-1019  
TDD Toll-free: 1-800-537-7697  
Email: ocrmail@hhs.gov

### U.S. Department of Agriculture

**You have the right to file a complaint with the USDA, a federal agency, if you believe you have been discriminated against because of race, color, age, sex, national origin, disability, religious creed or political beliefs in the administration of SNAP.**

In accordance with Federal civil rights law and **U.S. Department of Agriculture (USDA)** civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 1-800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 1-866-632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, DC 20250-9410;
- (2) fax: 202-690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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