

AUTHORIZATION TO COMMUNICATE THROUGH MFIP APP

NAME:	MAXIS #:
ADDRESS:	
PHONE #:	EMAIL:
FINANCIAL WORKER NAME:	
EMPLOYMENT COUNSELOR NAME:	

_____ I authorize Ramsey County **MFIP Employment Services** and **Financial Assistance Services** to communicate with me through the **MFIP Mobile App** regarding MFIP services it is providing concerning myself as necessary for the purposes of general case management and for the participation in the programs.

_____ I understand that private data about me may be transmitted via the MFIP Mobile App. I accept the risk that the data may be accessed by someone other than me.

_____ I consent to release my information to Future Services Institute to participate in a survey (examples: phone call, focus group, mail) for evaluation and improvement of the MFIP App product.

_____ This authorization remains in effect until I notify **HIRED Employment Services** in writing that the authorization is revoked. This authorization may be revoked by me at any time.

_____ I further agree that **MFIP Employment Services** and **Financial Assistance Services** is not liable for any damages or losses I may incur as a result of interception by a third party of contact made by myself or **MFIP Employment Services** and **Financial Assistance Services** pursuant to this authorization.

This authorization is not valid unless signed and dated below.

CLIENT SIGNATURE	DATE
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