



Department of Transitional Assistance  
Permission to Share Information Form (PSI)

Organizations must keep the signed PSI form on file and make the form available to DTA upon request.

**Section 1: DTA Client or Applicant**

\_\_\_\_\_

Client/Applicant Name

\_\_\_\_\_

DTA Agency ID or Last Four Digits of SSN

\_\_\_\_\_

Date of Birth

**Section 2: Information to be Shared (check one or both)**

I allow DTA to share information about my TAFDC, EAEDC and/or SNAP case with the **SNAP Outreach Partner** organization named in Section 3.

I allow DTA and the **SNAP Path to Work Provider** named in Section 3 to share information about my TAFDC, EAEDC and/or SNAP case to determine my eligibility for the SNAP Path to Work program and to share information about my participation and progress in the SNAP Path to Work program.

By signing below, I also give permission for DTA to get records about my employment status from other state agencies, federal agencies and from Equifax Workforce Solutions.

**Section 3: SNAP Outreach Partner/SNAP Path to Work Provider**

\_\_\_\_\_

Name of Organization

\_\_\_\_\_

Organization Phone Number

\_\_\_\_\_

Address of Organization

\_\_\_\_\_

Organization ID

**Section 4: Right to Change Your Mind:**

You may change your mind and stop sharing this information. To stop it, you must:

- call 1-877-382-2363 during regular business hours and speak to a DTA Representative; or
- send a written request to: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780 or fax to (617) 887-8765

**Section 5: Signature**

I understand that when I sign below, I am giving permission to DTA and the organization named in Section 3 to share information about my case.

\_\_\_\_\_

Client/Applicant Signature

\_\_\_\_\_

Date

This form is **valid for two years** from the date of the applicant/client signature, unless revoked (see Section 4).

This institution is an equal opportunity provider.

Esta institución es un proveedor que ofrece igualdad de oportunidades.