

TANF/WorkFirst Programs

Economic Services Administration | Community Services Division

VERBAL CONSENT FORM

This form may be used by WorkFirst contracted providers in the absence of signed form [DSHS Form 14-012](#). Please complete a separate form for each WF participant receiving service. This form should be completed for new participants or participants with an expired [DSHS Form 14-012](#). If the participant is engaged with multiple providers, an individual form must be filled out for each provider. Prior to receiving verbal consent, providers should send clients a copy of the [DSHS Form 14-012](#) in the participant's preferred language via email or mail. Participants can choose to give consent verbally after receiving the document. Providers should follow a simple script, fill in the blank information, and answer the questions below:

Hi. My name is and I work for . is a contracted service provider for DSHS WorkFirst participants. To be able to serve you, we need your permission to share your information with DSHS and other agencies to help you. We will only share your basic information, such as your name, date of birth, and the services you receive. We will not share any Substance Use disorder data or other protected health information (PHI) without separate written consent. You may revoke or withdraw this consent at any time by sending me an email. Your consent is good for 12-months after we receive it.

To complete your consent, I need to ask you a few questions.
(Verify three or four elements of identity from client's case file)

Client Name:	<input style="width: 85%;" type="text"/>
Date of Birth:	<input style="width: 85%;" type="text"/>
Address:	<input style="width: 85%;" type="text"/>
SSN:	<input style="width: 85%;" type="text"/>
Email:	<input style="width: 85%;" type="text"/>

1. Did you receive a copy of the DSHS Form 14-012? YES NO
2. Was this information provided to you in a language that you understand? YES NO
3. Do you have any questions about giving consent? YES NO
4. Do you authorize to share information with DSHS and other agencies?
 YES, I authorize you to share my information
 NO, I do not authorize you to share my information.

I, , attest that I verified the identity of the client verbally and that the client authorized release of information to DSHS and other agencies as needed to serve this client.

Date of attestation: