

**Consent Authorization Form for Application Assister
for Connecting Kids to Coverage**

Application Assister Organization Name: Community Council of Greater Dallas

Application Assister Organization Address: 1341 W Mockingbird Ln suite 1000W Dallas, TX 75247

Application Assister Organization Phone Number and Email Address: 214-871-5065 www.ccadvance.org

Individual Application Assister Name:

I. Acknowledgement of Roles and Responsibilities of Application Assisters (see Attachment A)

I have been informed about and understand the Application Assister roles and responsibilities set forth on Attachment A and have been given the opportunity to discuss them with Community Council of Greater Dallas.¹

II. Definitions and Explanations of Terms Used in This Form

In this authorization form:

- The words “I,” “me,” or “my” include my authorized representative if I have one.
- Personally identifiable information is called “PII.” Examples of my PII include, but are not limited to my name, phone number, email address, home address, immigration status, income, and household size information.
- The programs available through the Connecting Kids to Coverage are Medicaid or the Children’s Health Insurance Program (CHIP) for children under 18 years old and pregnant women.

a. General Consent

I, _____, give my permission to Community Council of Greater Dallas, including the individual Application Assisters who are a part of this Application Assister organization, to create, collect, disclose, access, maintain, store, and/or use my PII in order to carry out the roles and responsibilities of a Application Assister that are authorized by federal statute and regulation and generally summarized in Attachment A, unless I have limited that consent as set forth in this document. I understand that the Community Council of Greater Dallas might need to create, collect, disclose, access, maintain, store, and/or use some of my PII in order to provide this assistance. The roles and responsibilities of an Application Assister include but are not limited to the following:

1. Telling me about the services and programs for which I may be eligible, which includes: providing me with fair, accurate, and impartial information that assists me with submitting a Connecting Kids to Coverage eligibility application. The information must be provided in a way that that meets my cultural and language needs. I understand that Community Council of Greater Dallas might need to ask about and keep notes on my health coverage needs and language preferences in order to help me.
2. Maintaining expertise in eligibility, enrollment, and program specifications for the Medicaid and CHIP programs, and conducting public education activities to raise awareness about the Connecting Kids to Coverage. Community Council of Greater Dallas should not need to create, collect, disclose, access, maintain, store and/or use my PII for these functions. If Community Council of

Greater Dallas does create, collect, disclose, access, maintain, store and/or use my PII for these functions, Community Council of Greater Dallas will obtain my consent for those specific activities. Community Council of Greater Dallas will keep my PII private and secure except when I have consented to sharing my PII publicly.

3. Ensuring that tools and help provided are accessible and usable for me if I have disabilities. I understand that Community Council of Greater Dallas might need to ask about and keep notes on any supports and services I need in order to help me.
4. Helping me with grievances, complaints, or questions about my health plan, coverage, or a determination under my plan or coverage, by providing me with referrals to any available resources to assist me with any other additional services. I understand that Community Council of Greater Dallas might need to disclose my PII to those referral sources in order to help me.
5. Helping me with the following activities. I understand that Application Assistants in Connecting Kids to Coverage are allowed, and will be required when grants are awarded in 2022, to help me with these topics:
 - Helping me understand the process of filing a Connecting Kids to Coverage eligibility appeal,
 - Helping me understand basic concepts and rights about health coverage and how to use it, and
6. Providing me with this form and storing a signed copy of it.

I also understand that Community Council of Greater Dallas may be required to create, collect, handle, disclose, access, maintain, store, and/or use my PII to carry out activities required under a state law or regulation. Community Council of Greater Dallas has listed below the specific state requirements that apply.

b. Specific Consents

I also permit Community Council of Greater Dallas to create, collect, disclose, access, maintain, store, and/or use my PII, for the following purpose(s):

IV. Exceptions or Limitations to Consent

I understand that I can revoke, limit, or otherwise change the consents I provide through this form at any time. If I don't make any limitations, exceptions, or changes to my consents now, I can still do so at any time in the future by notifying the Community Council of Greater Dallas. Any Changes must be in writing and signed and dated by both parties. I make the following exceptions, limitations, or changes:

V. Additional Information

I understand that:

1. I don't have to provide Community Council of Greater Dallas with any information that I do not want to provide. However, the help Community Council of Greater Dallas provides is based only on the information I provide, and if the information given is inaccurate or incomplete, Community Council of Greater Dallas may not be able to offer all the help that is available for my situation.
2. Community Council of Greater Dallas should ask me to provide only the minimum amount of my PII that is necessary to help me.
3. Community Council of Greater Dallas must make sure that my PII is kept private and secure when creating, collecting, disclosing, accessing, maintaining, storing, and/or using my PII. Community Council of Greater Dallas must follow the privacy and information security standards that apply to them.
4. If I give my contact information when signing this form, my general consent includes permission for Community Council of Greater Dallas to follow up with me about applying for or enrolling into coverage after my first meeting with them.
5. If Community Council of Greater Dallas does not have the resources or skills to help me right away, he or she should refer me to another Connecting Kids to Coverage Application Assister, or to the federal Connecting Kids to Coverage Call Center, who can meet my specific needs sooner.
6. If the Community Council of Greater Dallas needs to refer me to another source of help, he or she generally should refer me to the source that is easiest for me to access.
7. I understand that the Community Council of Greater Dallas might need to share my contact information and information about my needs with possible referral sources in order to help me.
8. Once I have signed this authorization form, I can expect the Community Council of Greater Dallas to help me without asking me to sign another authorization form.
9. The Community Council of Greater Dallas should provide me with a copy of my Authorization Form and this Attachment A, once complete.

Please, complete, sign, and date the form:

Consumer/Consumer's Legal or Connecting Kids to Coverage Authorized Representative Signature
Circle one of these to show if you are the consumer or the consumer's representative. PLEASE
NOTE: Consumers may sign this consent form themselves or may choose to have a legal or
Connecting Kids to Coverage Authorized Representative sign it.

Date **Printed Consumer Name** **Printed Authorized Representative Name (if applicable)**

Ways I agree to be contacted (optional):
 By mail or in-person at

By phone at _____ (_____) _____ - _____
This is a wireless phone (circle one): **Y** **N**

By text message at _____ (_____) _____ - _____

Attachment A: Roles and Responsibilities of Application Assisters

1. Community Council of Greater Dallas must maintain expertise in eligibility, enrollment, and program specifications for Medicaid and CHIP, and must conduct public education activities to raise awareness about the Connecting Kids to Coverage.
2. Community Council of Greater Dallas must be prepared to serve consumers with individual Connecting Kids to Coverage.
3. Community Council of Greater Dallas is not allowed to discriminate against me based on my race, color, national origin, disability, age, sex, gender identity, or sexual orientation.
4. Community Council of Greater Dallas must provide me with information in a way that meets my cultural and language needs, at no cost to me.
5. Community Council of Greater Dallas must ensure that tools and help provided are accessible and usable for me if I have disabilities, at no cost to me.
6. Community Council of Greater Dallas must help me to select a QHP, if I want that help, but the Application Assister is not allowed to choose a health insurance plan for me.
7. Community Council of Greater Dallas must help me with grievances, complaints, or questions about my health plan, coverage, or a determination under my plan or coverage, by providing me with referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman, or any other appropriate state agency or agencies, if I want that help.
8. Community Council of Greater Dallas is required when grants are awarded in 2022, to help me with these topics:
 - a. Helping me understand basic concepts and rights about health coverage and how to use it.

9. All individual Application Assisters who help me must be certified by the Connecting Kids to Coverage after showing that they meet all required standards and must follow the terms of Community Council of Greater Dallas grant from CMS.
10. All individual Application Assisters who help me must complete and receive a passing score in a CMS-approved training course before providing education, outreach, or help to consumers, and must take continuing education and be certified or recertified each year before they can continue to provide education, outreach, or help to consumers.
11. Community Council of Greater Dallas must provide me with information about the roles and responsibilities of Application Assisters.
12. Community Council of Greater Dallas must comply with Connecting Kids to Coverage standards for keeping my PII private and secure, must obtain my consent before accessing my PII, and must permit me to revoke my consent at any time.
13. Community Council of Greater Dallas is not allowed to charge me a fee for any help provided while acting as a Application Assister.
14. Community Council of Greater Dallas is not allowed to pay individual Application Assisters based on the number of applications they help complete, based on the number of people they help, or based on the number of enrollments they help complete.
15. Community Council of Greater Dallas is not allowed to give me gifts of any value, including gift cards, cash cards, cash, or things that market or promote the products or services of another individual or business, if I must enroll in health coverage in order to receive the gift. Community Council of Greater Dallas is allowed—but not required—to give me gifts for other reasons, including to encourage me to seek or receive application help, but only if the total value of the gifts given during a single event or meeting is not more than \$15 in value. Community Council of Greater Dallas is allowed to reimburse me for things I might have to buy or pay for in order to get application assistance from Community Council of Greater Dallas (such as travel or mailing expenses), even if the total value of this reimbursement is over \$15.
16. Community Council of Greater Dallas is not allowed to use any funds provided by the Connecting Kids to Coverage to buy for me any gifts, gift cards, or things that market or promote the products or services of another individual or business.
17. Community Council of Greater Dallas is not allowed to contact consumers to provide application or enrollment help by going door-to-door or otherwise contacting persons who have not already asked for help, unless the Application Assister already has a relationship with a consumer, but the Application Assister can go door-to-door or contact persons who have not already asked for help when providing general outreach and education to the public. Because I have a relationship with Community Council of Greater Dallas, Community Council of Greater Dallas is allowed to come to my door and/or to call me directly to provide application or enrollment help, so long as Community Council of Greater Dallas follows other laws that might apply to that activity.
18. Community Council of Greater Dallas must also meet any applicable state and local requirements when providing services to me.

Attachment B

Community Council of Greater Dallas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Council of Greater Dallas does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Community Council of Greater Dallas:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Luciana Hampilos, J.D.

If you believe that Community Council of Greater Dallas has discriminated against you on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: LaCoya Williams Deputy Civil Rights/Title IX Coordinator | 972-721-4063 | First Floor, Haggar University Center, Room 253 1845 E. Northgate Dr. Irving, TX 75062 lhampilos@udallas.edu. If you need help filing a grievance, Luciana Hampilos, J.D. is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-831-9600.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-831-9600.