

Client Consent to Grant NH EASY Access
Please see the information on page 2 of this form prior to completion.

Section 1 – To Be Filled Out By The Organization

Client Name: _____

Client Social Security #: _____ Case Number: _____

Organization Name: _____

My organization does **not** want to complete this client's paper redeterminations online:

Organization Representative Signature: _____

Organization Representative Printed Name: _____

Documentation supporting your relationship with the client named above must be on file with DHHS before this form will be processed.

Section 2 – To Be Reviewed And Signed By The Client and/or Legal Representative

I understand that if I sign this form, **I agree to the following:**

- If I already have a NH EASY account, this account will be deactivated. I will no longer be able to access my old NH EASY account.
- I cannot have my own NH EASY account. I cannot go online to report changes, or apply for benefits. I cannot go online to see my case information, or read my letters and notices online.
- I can still report changes and apply for benefits by contacting my local District Office. I will receive my notices and letters in the mail.
- If I was getting my letters and notices online, I will now get paper letters and notices in the mail.
- Any authorized member of the organization above can report changes, add programs, reapply for benefits, update case information, and see all case information, notices and letters for *everyone in my household*.
- The organization above can choose to complete my paper redetermination/recertification online. If the organization does not choose to complete my paper redetermination/recertification online, I will be responsible for completing my paper redetermination/recertification.
- I can stop the organization from having a NH EASY account for my case by contacting my local District Office. I can then have my own NH EASY account, if I want a NH EASY account.

Client Signature: _____ Date: _____

Legal Representative Signature: _____

Legal Representative Printed Name: _____ Relationship to Client: _____

Please return to: Central Scanning Unit, PO BOX 181, Concord, NH 03302

Information for the organization

As the Organization Representative of the client listed on page one, you must review with the client, and/or the client's Legal Representative, all information in **Section 2** of page one, and the "**Information to be reviewed with the client**" below. Your signature on the "Organization Representative Signature" line in **Section 1** indicates that this information has been reviewed with the client.

If the client has a Legal Representative who is someone other than the client's representative from your organization, you must also review the required information on this form with the client's Legal Representative, and the Legal Representative's signature may also be required in **Section 2**. The client's Legal Representative may have to sign this form on behalf of the client. Contact the client's Family Services Specialist to verify the signature requirements of the client's Legal Representative.

By completing and returning this form, your organization will have sole access to online case information for the client via your organization's NH EASY account. This means your organization will be able to complete the following actions online on behalf of the client:

- Report changes and update case information;
- Apply for additional benefits for which the client may be eligible;
- Reapply for the client's benefits if the client's case closes; and
- Read the client's letters and notices online.

If you indicate, by checking off the appropriate box in **Section 1**, that your organization does **not** want to complete the client's redetermination/recertification online, both you and the client will receive a paper redetermination/recertification in the mail. Your organization will still be able to access the client's redetermination/recertification via NH EASY. However, if your organization completes the client's redetermination/recertification online, the client will no longer receive paper redetermination/recertification in the mail, and your organization will be responsible for completing **all** of the client's future redetermination/recertification online, unless the client contacts the District Office to request to receive paper redetermination/recertification again.

If your organization chooses to complete the client's redetermination/recertification online by leaving the check off box in **Section 1** blank, your organization will be notified when the redetermination/recertification is due. If your organization is an authorized representative or a Power of Attorney for this client, a letter will be sent to the client as well to notify them that the redetermination/recertification is due. The notice indicates the client may choose to fill out a paper redetermination/recertification application by contacting the District Office. If your organization is a guardian, conservator, or protective payee for this client, the client will not receive any notification that their redetermination/recertification is due. Redeterminations/recertifications must be completed timely, to avoid a break in the client's benefits. If the client must come into the District Office to complete a redetermination/recertification interview, they will be mailed a notification of the interview date and time.

If the client has already created a NH EASY account, this account will be deactivated once this completed form is sent back to us. Once this occurs, the client will no longer be able to access a NH EASY account. They will not receive any notice when this happens.

If your organization has chosen the "Go Green" option, you will be notified via email when the client receives notices and letters from DHHS.

Your organization will be able to access information regarding all household members in the above client's case. You are legally bound to all current DHHS policy regarding confidentiality for all household members.

You are legally obligated to notify DHHS within 5 days upon termination of any legal relationship with the client.

The client may choose to terminate your access to their case via NH EASY at any time, by contacting the District Office.

Once this form is received and processed, the client's case information will automatically populate on your organization's NH EASY dashboard.

Information to be reviewed with the client

Organizations are legally obligated to notify DHHS within 5 days of termination of any legal relationships.

Organizations are legally obligated to protect all confidential information and records, including NH EASY login, passwords, and any other user identification information, and to release information only to authorized agencies or individuals as provided for by law, rules, and regulations.

Organizations are legally bound to all current DHHS policy regarding confidentiality. If organizations fail to abide by any current DHHS policy regarding confidentiality, the organization's access to case information is terminated.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), 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 (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

mail:

Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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