

# Account Authorization Form

## Veteran information

Name: \_\_\_\_\_  
Veteran ID number: \_\_\_\_\_  
Email address: \_\_\_\_\_

The following individuals have the Veteran's permission to receive information regarding his/her Veteran's Directed Home and Community Based Services (VD-HCBS) account at Veridian Fiscal Solutions. This may include, but is not limited to, balance, payment and budget information.

## Service Coordinator

Name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## Authorized Representative/Employer of Record (if applicable):

Name: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## Additional individuals

Name: \_\_\_\_\_  
Relationship to member: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to member: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

This authorization is effective as of the date that it is signed and will continue until the Veteran or legal guardian gives written notice that it should be terminated.

\_\_\_\_\_  
Veteran's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal guardian signature: (if applicable)

\_\_\_\_\_  
Date

