



ECONOMIC SERVICES ADMINISTRATION (ESA)  
DIVISION OF PROGRAM INTEGRITY (DPI)

## DPI Authorization for Release of Information

QUALITY CONTROL  
REVIEW NUMBER

Please list all household members (adults and children):

Client Name(s)

Minor Children Name(s)

I authorize the Division of Program Integrity to contact any persons or agencies to release any information requested by the Department of Social and Health Services, Division of Program Integrity, for the purpose of verifying eligibility for my household to receive public assistance from the state of Washington. A copy of this signed release is as valid as the original.

Signature

Date

Signature

Date