

## Request for Alternate Means of Delivery

***Please complete and return this form to a Department of Health and Welfare office.***

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2588 for interpretation assistance.  
Disponible en español. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2588 para obtener la ayuda de un intérprete.

Client Name _____ <small>(First, MI, Last)</small>	Client Date of Birth _____
Client Home Address _____	
Client Mailing Address (if different) _____	
Client Telephone _____	Client E-Mail (optional) _____
Requestor Name (if different than client) _____	
Requestor Telephone _____	Requestor Fax Number (optional) _____
<i>Please list where you would like us to send our response to your request.</i>	
Name _____	
Address _____	

**The information that I would like to receive using a different mailing address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The different mailing address is:** \_\_\_\_\_  
 \_\_\_\_\_

**Time period for which I would like the information identified above be delivered to the different mailing address:**  
 \_\_\_\_\_

**The Department will respond to your request if it is denied for some reason.**

If this request is being made by someone other than the subject of the information, please describe and provide documentation of your authority to request an alternate means of delivery of that person's information \_\_\_\_\_  
 \_\_\_\_\_

Your signature \_\_\_\_\_ Date requested \_\_\_\_\_

**Your signature must be notarized if you submit this request by fax, mail or e-mail and we cannot verify it with information already on file.**

I, \_\_\_\_\_, being a Notary Public, do hereby  
 certify that on this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_  
 the above individual, having been first duly sworn, appeared before me and signed  
 the foregoing document.

\_\_\_\_\_  
 Signature of Notary Public

Notary Public residing at \_\_\_\_\_

My commission expires on \_\_\_\_\_

<p><b>For DHW Office use only</b></p> <p><input type="checkbox"/> ID Provided _____</p> <p><input type="checkbox"/> Form Complete _____</p> <p>Authority:</p> <p><input type="checkbox"/> Accessing own records _____</p> <p><input type="checkbox"/> Documentation Attached _____</p> <p><input type="checkbox"/> Not Required _____</p>
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