

**MEMORANDUM OF UNDERSTANDING  
For Subsidized Housing Authority and/or Provider  
To Obtain Child Support Payment Information**

**I. PARTIES**

The parties entering into this agreement are:

The Idaho Department of Health and Welfare, Division of Welfare, Child Support Program, and

(Subsidized Housing Authority and/or  
Subsidized Housing Provider) - Referred to as "HA" hereafter.

**II. PURPOSE**

The purpose of this agreement is to document the process provided by the Department that the HA will follow when requesting and receiving income verification information for a client's Child Support payment history. This process will only be used by HA employees that have a signed Authorization for Release of Information from the client, that the HA can receive information from the Department on the client's payment history.

**III. OBJECTIVES**

- The HA will request information by accessing and receiving it on the secured Idaho Child Support Web Site.
- All HA clients sign an Authorization for Release of Information prior to HA requesting the income verification information.

**IV. RESPONSIBILITIES**

**1. The Department will:**

- Upon receipt of this signed Memorandum of Understanding (MOU) from HA, create an account for HA and email instructions to the single point of contact on how to access and log in to the web site.
- Provide HA with income verification information on the secured Idaho child Support Web Site.
- Monitor as needed that the HA has signed Authorizations for Release of Information with their clients to obtain information for the HA from the Department on their behalf.

**2. HA will:**

- Obtain one secure Idaho Child Support Web Site login profile.

- Enter all of the required information in the web site fields to access their applicant's child support income information that will be used only to determine if the applicant qualifies for subsidized housing.
- Obtain Authorizations for Release of Information from clients that the Department is authorized to provide the HA with their income history for their child support cases.
- Keep the signed Authorizations for Release of Information on file for 3 years/36 months after the date that the client's subsidized housing assistance ends, and, when requested, provide those to the Department's Contract Monitoring Team.
- Provide the Contract Monitoring Team with requested Authorizations for Release of Information forms so they can reconcile that HA had a release of information form for all clients that they requested information on from the Department.
- Review this MOU with all HA employees to ensure they understand the requirements of obtaining the Authorization for Release of Information and keeping them on file.

## **V. RESOLUTION**

### **1. The Department will:**

- Provide secure limited access to specific client income information on the Child Support Web Site
- Monitor, as needed, the clients signed Authorizations to Release Information

### **2. The HA will:**

- Only have one option to obtain the requested information, and that is to use the secure limited access to specific client information on the Child Support Web site.
- Not require clients to telephonically or electronically contact the Child Support office to request the income information.
- Not require clients to physically go into a Child Support office to request the income information.

## **VI. STANDARDS**

1. Any and all access of the Child Support website information governed by this MOU shall be limited to verification of child support income or expenses for authorized subsidized housing uses.
2. The HA will use the child support website only for the purposes intended in this MOU and will not cause confusion for child support workers or our customers. If this occurs, a review of the MOU and the use of the website will be reviewed at that time and access could be terminated.
3. If it is found that the HA workers are misusing the information and using it for purposes other than the appropriate use of the website as stated in this MOU, that person's access may be terminated.

**VII. CONTACTING THE DEPARTMENT**

1. **When the client has signed the release of information, the HA will:**
- Access the Child Support Web site for the requested information.
  - If the HA has any problems with accessing the website, they can call 208-334-4957, toll free 1-800-334-4957 or e-mail [CSwebhelp@dhw.idaho.gov](mailto:CSwebhelp@dhw.idaho.gov)

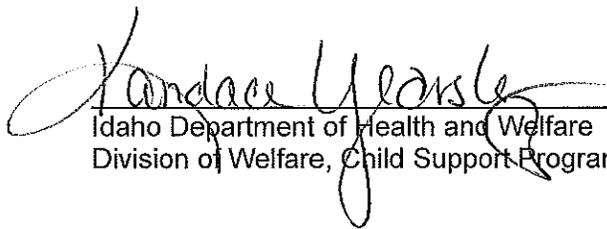
**VIII. EFFECTIVE DATE AND LIFE OF AGREEMENT**

1. This Memorandum of Understanding shall constitute an agreement between both parties and shall remain in effect until terminated by either party.
2. Either party may terminate this agreement if such party can no longer fulfill the conditions based on existing or changes in rules, policies, resources, etc.

**IX. INFORMATION EXCHANGE/SHARING**

It is understood that the staff of all parties will adhere to the Confidentiality rules and guidelines of the Department, IDAPA 16, Title 5, Chapter 1, "Rules Governing the Protection and Disclosure of Department Records" and all applicable state and federal laws, rules and regulations pertaining to the confidentiality of, the disclosure of, information and records, as it relates to the activities of any party and the provisions of this agreement.

HA acknowledges that it may have an obligation, independent of this Memorandum, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Sections 262 and 264 of Public Law 104-191, 42 USC Section 1320d, and federal regulations at 45 CFT Parts 160, 162 and 164. If applicable, HA shall comply with all amendments to the law and federal regulations made during the term of this Memorandum.

  
\_\_\_\_\_  
Idaho Department of Health and Welfare  
Division of Welfare, Child Support Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Subsidized Housing Authority and/or Provider)

\_\_\_\_\_  
Date

# USER ACCOUNT INFORMATION PAGE

Complete this form for each account you are requesting and return this form with the signed MOU.

## Your Information

Name		Job Title	
Phone Number		Email Address	

## Property Information

Property Name		Physical Address	
Property Manager's Name	Leave blank if you manage the property	Property Manager's Job Title	Leave blank if you manage the property
Property Manager's Phone Number	Leave blank if you manage the property	Property Manager's Email Address	Leave blank if you manage the property

## Management Company or Housing Authority Information

Management Company or Housing Authority Name		Physical Address	
Primary Contact at Management Company			
Contact's Phone Number		Contact's Email Address	

