

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

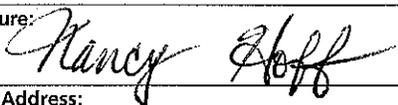


Model, Interview and Property Release Form

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- (a) me, and/or
- (b) my interview, and/or
- (c) my property, generally located at 807 N Ritter Ave, Indpls IN

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(Please Print) Adult Name: <u>Nancy Hoff</u>		Date: (MM/DD/YYYY) <u>12/16/1947</u>
Home Address: <u>807 N Ritter Ave</u>		Phone: <u>(317) 356-2119</u>
City: <u>Indianapolis</u>	State: <u>IN</u>	Zip Code: <u>46219</u>
Signature: 		Date: (MM/DD/YYYY) <u>07/12/2015</u>
E-mail Address: <u>nancy-hoff@att.net</u>		

If you are signing for a child or children **under the age of 18**, please complete the following information:

(Please Print) 1. Child's Name:	Age:
2. Child's Name:	Age:
3. Child's Name:	Age:

Parent/Guardian Signature:	Date (MM/DD/YYYY):
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