

ROSEBUD SIOUX TRIBE
PO Box 430
Rosebud, SD 57570
Phone: 605.747.2381
Fax: 605.747.2905
Website: rosebudsiouxtribe-nsn.gov

Kathleen Wooden Knife, President
Lisa White Pipe, Vice President
Nicole Marshall, Secretary
Louis Wayne Boyd, Treasurer
Martina A. Crow Eagle, Sergeant-at-Arms

March 05, 2025

To: President Kathleen Wooden Knife, Rosebud Sioux Tribe
From: Joshua Jordan, RST-IHIP Intake Specialist
RE: Authorization to utilize and distribute RST-IHIP Release of Information Form to Tribal Members receiving BIA 6407 Housing Assistance application

Dear President Wooden Knife,

I am requesting authorization to utilize and distribute the newly developed Rosebud Sioux Tribe Indian Housing Improvement Program, Consent for Release of Information Form to Tribal Members receiving BIA 6407 Housing Assistance application via U.S. Mail.

Confidentiality is a key measure and a well warranted value we will always honor so with that, I am requesting this document to be supplemental with BIA 6407 Housing Assistance application to ensure compliance with 25 CFR 256 Housing Improvement Program.

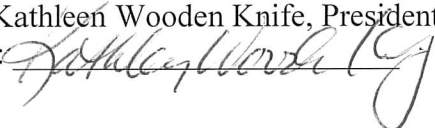
All documents submitted to my office with applications contain very sensitive information such as tribal abstracts, income information, IIM account numbers, bank account numbers, housing information with addresses and disability verification information with medical information supplementation.

Furthermore, the Privacy Act of 1974 is a federal law that protects individuals from having their personal information collected, used or disclosed without prior written consent.

The RST-IHIP Consent for Release of Information Form will ensure added protections to information disclosed to, within and solely the Rosebud Sioux Tribe President's Office.

Respectfully,

Joshua Jordan
RST-IHIP Intake Specialist

Kathleen Wooden Knife, President
CONCUR: 



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Rosebud Sioux Tribe Indian Housing Improvement Program

CONSENT FOR RELEASE OF INFORMATION

Please review all listed items in the check boxes of the Rosebud Sioux Tribe Indian Housing Improvement Program, Consent for Release of Information form. If this form is incomplete, it will be considered invalid and information provided will not be utilized in your BIA 6407 Housing Assistance application, therefore your application will be incomplete.

I, (PRINT NAME) _____, give my permission to the Rosebud Sioux Tribe Indian Housing Improvement Program, Intake Specialist to receive my information listed below in this document to complete my BIA 6407 Housing Assistance application to determine my eligibility for services.

- Tribal Abstract
- Income Verification
- IIM Account Verification (Individual Indian Monies Account)
- Housing Verification (Aerial Photos, Lease, Bill of Sale)
- Disability Verification (If applicable)

Signature: _____ Date: _____

Print your name: _____



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CONSENT FOR RELEASE OF INFORMATION (cont.)

If a person with legal authority to act in an individual's behalf is completing this form, please complete the following information:

Name of person completing this form: _____

Signature of person completing this form: _____

Describe below how this person has legal authority to sign this form:
