



TO: **Assister Resource Center** FROM:

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FAX: 651-431-7572 PAGES:

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EMAIL: navigators@mnsure.org EMAIL:

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RE: Background Study Consent Form DATE:

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NOTE: The name of your Navigator/CAC organization and your email address are required fields. This information enables the ARC to connect the assister with the correct organization and have contact information in case follow-up is necessary. Background Study Consent Forms submitted without this information may not be processed in a timely fashion.

Comments:



