

Resident Name: _____
 Address: _____ Town: _____
 Zip Code: _____ Phone: _____

Agency Name: _____
 Agency Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ email: _____

INFORMED CONSENT TO RELEASE OF INFORMATION

I, _____
 (Resident) understand that, in signing this form, I am
 agreeing to accept the support and intervention of _____
 (Agency Name)

to address my particular needs. _____
 (Agency Name) has my permission to

discuss my situation with the following agencies and individuals and to gather relevant information from
 them about me. I understand that the agency will take care to protect my dignity and privacy when
 reviewing information with the agencies and individuals listed. This authorization shall remain valid up to
 to six months from the date of signature. This signed authorization can be withdrawn or withdrawn at
 any time by _____
 (Resident)

unless the agency has already received information that has been requested.

Agency/Primary Contact	Role (see sample sheet)	Phone Number	Ext.

 (Resident Name - Print) _____
 (Resident Signature) _____

 (Case Worker Name - Print) _____
 (Case Worker Signature) _____

 Date