

Consent to Release and/or Obtain Confidential Information

Form F

Must be signed before initial eligibility certifications & annual eligibility recertifications.

Client Name and/or ID Number: _____

Date: _____

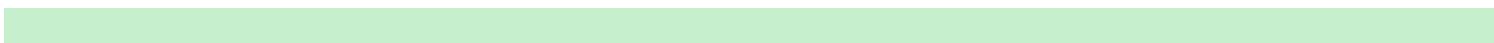
Housing Case Manager Name: _____

I, _____, authorize _____

to release and/or obtain the following confidential information to/from _____

The specified information is limited to:

The purpose/need for disclosure:



My signature below authorizes the disclosure of specified information between the parties noted above. This authorization can be cancelled at any time in writing. The cancellation will not affect any disclosures already made prior to the notice of cancellation.

This consent expires on _____ or upon program disenrollment.

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Household Member Signature: _____

Date: _____