

NORTHWEST COMMUNITY ACTION
FAMILY SERVICES DEPARTMENT

Release of Information

We are asking you to agree to the release of information that you have given us and/or to obtain information from the agencies or persons listed on this form. This information will allow us to serve you better and will also help us to determine whether this program has been successful. This information will be used in order to assist you with housing, transportation, and other basic needs to help move you toward self reliance.

I understand that the information to be exchanged will be treated as private data as governed by the Minnesota Government Data Practices Act. No release of information will be made without further consent.

I understand that I do not have to consent to release any information that tells people that my child(ren) or I are disabled. I understand that if I am asking for help because of a disability, this agency may need information about the disability to help me.

I understand that I am not required to agree to release this information. However, it may not be possible for the agencies helping me to provide or obtain assistance for me. I also understand that I will not be denied assistance for refusing to agree to release the information requested.

I authorize Northwest Community Action to release and/or obtain the following information
(Please check boxes to release specific information):

- My name, address, and phone number _____
- Housing information _____
- Employment information _____
- Financial information _____
- _____
- _____

I authorize Northwest Community Action to request, receive, release, and exchange information with the following agencies/individuals that have information concerning myself or my family. (Agencies must be written in before you sign.):

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

I understand that this consent to release this information will expire one year after I have signed it. I also understand that I can withdraw my consent at any time; however, this will not affect information released before I withdrew my consent. If I want to withdraw my consent to release this information, I must write to:

Northwest Community Action
312 N Main St./PO Box 67
Badger, MN 56714

I understand that:

- This information cannot be released without my consent.
- I have the right to look at all written information the agency released and have copies of.

If I have questions about anything on this form, I understand that I should talk to the Family Service Department before I sign this.

Signature of participant

Printed name of participant

Date

Name of person signing for participant

Reason participant is unable to sign

Signature of person who explained this form and your rights

Date