

APPLICANT

Community Action Human Resources Agency
109 N. SUNSHINE BLVD. ~ Eloy, Arizona 85131 / Phone: 520/466-1112 ~ Fax: 520/466-0013

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, understand that it may be necessary for the COMMUNITY ACTION HUMAN RESOURCES AGENCY (CAHRA) and/or authorized agents to obtain information from other agencies and entities in order to make me eligible for assistance I have requested.

Accordingly, I authorize and request any public, governmental or private institution and its authorized agents including, but not limited to:

- Other Social Services agents
Military personnel
Physicians
Utility companies
Hospitals
Governments
Employers
Credit Bureaus
Landlords & their agents
Advocacy agencies
Social Security Administration

To furnish to CAHRA or its authorized agents any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit records, all medical records, statement of charges, or rental records regarding any incident about which you may have knowledge of, information or access to, or about which you may have rendered services and/or consultation.

Please provide the following information to CAHRA:

I, THE UNDERSIGNED Client, also understand that it may be necessary for CAHRA, or its authorized agents to release information obtained from me to authorized sources to other assistance programs in order to obtain assistance through CAHRA.

Though I hereby waive any privilege I have to this information to CAHRA, you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes).

A photostatic copy, thermofax copy, or other chemical reproduction of this authorization shall serve in its stead.

THIS CONSENT, UNLESS EXPRESSLY REVOKED EARLIER, Expires upon:

(Specify date, event, or condition upon expiration)

Client Signature: _____

(Date)

Social Security #: _____ Date of Birth: _____

Parent/Guardian or Legal Representative Signature: _____
(circle relationship to client) (Date)

Case Manager Signature: _____

Case Manager Name/ID#: _____ /