



Release and Exchange of Confidential Information

I (We _____),
 hereby authorize Community Action staff to contact and discuss any and all
 information pertinent to my family's plan with the following individual or agency:

Property Owner / Landlord:

Address:

Phone: _____ Email: _____

To Provide Information to: Housing Assistance

Of: Community Action
 1001 SW Baseline St Fax: (503) 648-4175
 Hillsboro, OR 97123 Phone: (503) 648-6646

Include Records of:

- | | | | |
|------------------------------|---|-----------------------------|---|
| Family History | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Requested |
| Employment/Unemployment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Requested |
| Housing | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Requested |
| Alcohol/Drug Treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Requested |
| Criminal History | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Requested |
| Mental Health Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Requested |
| Medical/Dental Records Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Requested |
| (Specify) _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Requested |

I understand that all information concerning my family will be treated as confidential and that information will only be shared if it is pertinent to the case and/or is deemed necessary for the benefit of my family or the program. This release expires 1 year after date signed.
 I recognize that the information disclosed may contain information that is protected by Federal and State law, and I specifically consent to disclosure of such information.

 Client/Guardian Signature _____
 Date

 Client/Guardian Signature _____
 Date

 Community Action Staff _____
 Date

 Community Action Staff _____
 Date