



# Community Action Program East Central Oregon Authorization for Release of Information

To Our Clients: We can help you better if we are able to work with other agencies that know you and your family. By signing this form you are giving your permission for these organizations to exchange information about your situation.

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SS#: \_\_\_\_\_

Children: \_\_\_\_\_

By initialing each line, I authorize the following individuals and/or agencies to provide and/or exchange information.

\_\_\_ Department of Human Resources (Self Sufficiency),  
Child Welfare, Seniors & People with Disabilities

\_\_\_ CAPECO Workforce Investment Act Program  
\_\_\_ CAPECO Area Agency on Aging

\_\_\_ CTUIR Housing Authority  
\_\_\_ Bureau of Indian Affairs

\_\_\_ CAPECO CSS Programs  
\_\_\_ USDA Rural Development

\_\_\_ Social Security Administration

\_\_\_ GEODC Rural Rehabilitation  
\_\_\_ Pioneer Community Development Corporation

\_\_\_ Other \_\_\_\_\_  
Please specify on the line above

\_\_\_ Other \_\_\_\_\_  
Please specify on the line above

*Please list each person you allow CAPECO to discuss the weatherization services you will be receiving/received.*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Ph #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Ph #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_ Ph #: \_\_\_\_\_

**Purpose:** *The information received will be used to determine household eligibility and/or coordinate services with another organization for me and my family or for other purposes specified:* \_\_\_\_\_.

I agree that the agencies and individuals listed above may share and exchange information about my family and circumstances  YES  NO This permission is good for one year or until: \_\_\_\_\_

**I can cancel this at any time but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.**

\_\_\_\_\_  
Client Signature (Main Applicant)

\_\_\_\_\_  
(Secondary Applicant)

\_\_\_\_\_  
Date

To those receiving information under this authorization: This information disclosed to you is protected by state and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by law.

This is a true copy of the original authorization document \_\_\_\_\_ (Agency Staff Person)

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