

PROP
People Reaching Out To Other People

fax to: _____

fax #: _____

Main #: (952) 937-9120

Fax #: (952) 975-0662

case #: _____

team #: _____

Authorization for Release of Information

Client Name: _____

Date of birth: _____

Address: _____

City: Eden Prairie / Chanhassen MN **Zip:** 55_____

Phone: _____

We are asking you to allow us to release information that you have given us and/or obtain information from the organization or persons listed below. The information will allow us to serve you better.

I authorize PROP to release and/or obtain information from the following agency / agencies:

- Hennepin County CAPSH Property manager at: _____
- Carver County CAP Agency FamiLink Resource Center
- EP Senior Outreach School/Program Family and Children's Service
- other: _____

Contact / phone number: _____ / _____

I authorize PROP to release/obtain the following information:

- Name, address, phone number (of household members)
- MFIP/DWP info/status Emerg assist info/status Food support info/status
- Referral for services Social Security Number Energy assist info/status
- Medical Assist info/status MN Care info/status
- Other _____

I understand that:

- This information cannot be released without my consent.
- I can release all, some or none of the requested information.
- I am not required to agree to release this information; however it may not be possible for the agency 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.
- This consent for release of information will expire one (1) year after I have signed it. I also understand that I can withdraw my consent at any time by notifying the executive director in writing. Stopping my consent will not affect information the agency has already released.
- I have the right to look at all written information the agency released and have copies of it.

Signature of Client

Date

Signature of PROP Representative

Date