

PERMISSION TO RELEASE INFORMATION

I, _____, grant permission to the staff of Transitional Food & Shelter to release information regarding my involvement in their program to any of the following:

- Department of Social Services
- SAFE Systems of Care
- Health Agency Departments
- Courts
- Victims Witness Assistance
- Schools
- Public Guardian
- Probation
- Veterans Services
- Mental Health
- Vocational Rehabilitation
- Emergency Hospitals
- CAPSLO Programs
- Loaves and Fishes
- Tri Counties Regional Center
- ECHO Homeless Services
- Good Samaritan Shelter
- Housing Authority
- Transitional Mental Health / Homeless Outreach Program
- Parole
- Employer(s)
- Landlord / Realtor
- Life Steps
- Social Security Administration
- Veterans Administration
- Independent Living Resource
- Salvation Army Community Health Centers
- Emergency Contact: _____
- Other: _____

The type of information released will consist of participation in Transitional Food & Shelter, Inc. services received, resources needed, referrals made, and any information necessary to obtain services or assistance.

This release form will expire two years from the date of signature, unless I notify staff in writing of my intention to rescind this permission.

Client Signature

Date

Printed Name

Witness Signature & Printed Name