

**CHILDREN AND YOUTH AGENCY
CONSENT FOR RELEASE OF INFORMATION**



NAME	SOCIAL SECURITY NUMBER	CO.	RECORD NUMBER
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SECTION A - CAO RELEASE OF INFORMATION

☐ I authorize the Department of Human Services, _____ County Assistance Office, and its authorized agencies to release:

- ☐ Any information from my case record about myself or the minor children in my care.
- ☐ Only the following information from my case record _____.
- ☐ My Agreement of Mutual Responsibility

to the _____ County Children and Youth and its authorized agents for the purpose of administration of public assistance and social services on my and/or another family member's behalf.

CLIENT SIGNATURE

DATE

CAO/CCYA WORKER SIGNATURE

DATE

SECTION B - CCYA RELEASE OF INFORMATION

☐ I authorize the, _____ County Children and Youth and its authorized agents to release:

- ☐ Any information from my case record about myself or the minor children in my care.
- ☐ Only the following information from my case record _____.
- ☐ My family service plan

to the Department of Human Services _____ County Assistance Office and its authorized agents for the purpose of administration of public assistance and social services on my and/or another family member's behalf.

CLIENT SIGNATURE

DATE

CAO/CCYA WORKER SIGNATURE

DATE

SECTION C

I fully understand the nature of this consent, and I understand that signing it is not a condition of my eligibility for public assistance or social services, and that my authorization shall remain effective from the date of my signature until the date of my next redetermination of eligibility. I understand that I may revoke this authorization at any time by written dated communication except to the extent the person making the disclosure has acted in reliance on it.

I hereby release the Department of Human services and its authorized agents, and the _____ County Children and Youth Agency and its authorized agents from liability for action upon this authorization and I intend to be legally bound hereby.

CLIENT SIGNATURE

DATE

CAO/CCYA WORKER SIGNATURE

DATE





CONSENT FOR RELEASE OF INFORMATION

COUNTY ASSISTANCE OFFICE (CAO) AND COUNTY CHILDREN AND YOUTH AGENCY (CCYA)

As a condition of eligibility for cash assistance, you are required to enter into an Agreement of Mutual Responsibility (AMR) with the Department of Human Services (DHS). The purpose of the AMR is to establish a plan of action for you to achieve self-sufficiency.

If you are receiving services from a CCYA, DHS wants to be sure there is no conflict between your CCYA goals or service plan and your AMR.

We are asking you to sign the attached form so the CAO and the CCYA can exchange information about you and your minor children, in order to coordinate their work with you.

YOU ARE NOT REQUIRED TO SIGN THIS FORM. THIS IS NOT A CONDITION OF ELIGIBILITY FOR PUBLIC ASSISTANCE OR FOR SOCIAL SERVICES.

You are not required to sign the consent to the release of information by both agencies. If you want, you may consent to release only your CAO information, only your CCYA information, or neither.

- Section A of the form is a consent for the CAO to release information to the CCYA.
- Section B of the form is a consent for the CCYA to release information to the CAO.
- Section C of the form is to confirm that you understand the nature of this consent and that signing this form is **NOT A CONDITION OF ELIGIBILITY FOR PUBLIC ASSISTANCE OR SOCIAL SERVICES.**

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