CHILDREN AND YOUTH AGENCY CONSENT FOR RELEASE OF INFORMATION



NAME									SOCIAL	SECUR	ITY NUMBER	С	0.	RE	CORD	NUMBE	R				
SECTI	ON A -	CAO	REL	EASE	OF	INFO	RMA	TION	<u> </u> 												
	I authorize the Department of Human Serv agencies to release:											C	oun	ıty As	sistar	nce O	ffice, a	and its	authoriz	ed	
		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																				
											ren and Yo on my and									pose of	
	-						CLIEN	NT SIGN	NATURE					_			DATE				
	-					CAO/	CCYA V	WORKE	ER SIGNA	TURE				_			DATE				
SECTI	ON B -	CCY	RE	LEAS	E OF	INFO	ORM.	ATIO	N												
	 ☐ 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	mem		репа			CLIEN	NT SIGN	NATURE								DATE				
	-					CAO/	CCYA V	WORKE	ER SIGNA	TURE				_			DATE				
SECTI	ON C																				
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(MOVED)			-						CLIENT S	SIGNATU	RE								DATE		
施服								CAO/C	CCYA WOI	RKER SI	GNATURE								DATE		

CAO COPY PA 1691 3/16



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 <u>NOT</u> A CONDITION OF ELIGIBILITY FOR PUBLIC ASSISTANCE OR SOCIAL SERVICES.

CHILDREN AND YOUTH AGENCY CONSENT FOR RELEASE OF INFORMATION



NAME	SOCIAL SECURITY NUMBE	ER CO.	RECORD NUMBER							
SECTION A	CAO RELEASE OF INFORMATION									
☐ I autho	orize the Department of Human Services,ies to release:	(County Assistance Office, a	and its authorized						
	Any information from my case record about myself or the	minor chil	dren in my care.							
	Only the following information from my case record			·						
	My Agreement of Mutual Responsibility									
to the admini	County Children and istration of public assistance and social services on my ar	Youth and	d its authorized agents for t her family member's behal	he purpose of f.						
-	CLIENT SIGNATURE		DATE							
_	CAO/CCYA WORKER SIGNATURE		DATE							
SECTION B -	CCYA RELEASE OF INFORMATION									
	orize the, County Children and You	minor chil	dren in my care.							
	Only the following information from my case record			·						
	My family service plan									
author	Department of Human Servicesized agents for the purpose of administration of public ass member's behalf.									
-	CLIENT SIGNATURE		DATE							
_	CAO/CCYA WORKER SIGNATURE		DATE							
SECTION C										
assistance or s next redetermi except to the e I hereby relea	and the nature of this consent, and I understand that social services, and that my authorization shall remain effect nation of eligibility. I understand that I may revoke this autextent the person making the disclosure has acted in reliance the Department of Human services and its authorized and Youth Agency and its authorized agents from liabilinereby.	ective from thorization nce on it. d agents,	n the date of my signature on at any time by written date	until the date of my ed communication						
-	CLIENT SIGNATURE		DATE							
I	CAO/CCYA WORKER SIGNATURE		DATE							

CCYA COPY PA 1691 3/16



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-	CLIENT SIGNATURE		DATE							
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SECTION B -	CCYA RELEASE OF INFORMATION									
	orize the, County Children and You	minor chil	dren in my care.							
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