

EMERGENCY FUNDING

RELEASE OF CONFIDENTIAL INFORMATION

Agency

Representative

I _____ (print name) UNDERSTAND THAT THE ABOVE LISTED AGENCIES, FUNDING SOURCES AND/OR THEIR REPRESENTATIVES MAY SHARE INFORMATION I HAVE SUBMITTED RELATED TO ACCESSING EMERGENCY FUNDING. THIS INFORMATION WILL BE USED FOR THE PURPOSES OF SEEKING ALL RESOURCES AND SERVICES THAT MAY BE AVAILABLE TO ME. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO MEET WITH A CASE MANAGER TO DEVELOP A FINANCIAL SELF SUFFICIENCY PLAN AFTER MY IMMEDIATE CRISIS IS RESOLVED.

IN ORDER TO UNDERSTAND MY FINAICIAL NEEDS, I UNDERSTAND THAT MY EMERGENCY FUNDING HISTORY MAY BE REVIEWED.

Client Signature

Date

Agency Representative

Date