

REGIONAL SHELTER COMMAND OPERATIONS

SHELTER CLIENT AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned, authorize the Regional Shelter and Case Workers to release/share any information I have provided that may be deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of this disaster to insure that benefits are not duplicated. It includes the sharing of information about my application to any State or Federal agency.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organization. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from any Voluntary Agency or any local, State or Federal government. However, without my permission, my information cannot be shared with other agencies or organizations for consideration...

This authorization is submitted pursuant to 28 U.S.C. § 1746 under penalty of perjury.

OPTIONAL - I chose to exclude the following agencies from access to this information:

I understand that it is my choice to sign this Release.

Name (Printed)

_____ Date _____

Signature

Pre-Disaster Address: _____

Current Address: _____

Phone or Message #: _____ FEMA Registration #: _____