



### C3HP Program Release of Information

I, \_\_\_\_\_, give permission to

(print full name clearly)

**St. Vincent de Paul** to release and exchange confidential information between itself and **Catholic Charities East Bay** for the purpose of coordination of services, case management, and compliance with program funders. The information that will be released may include:

- First and Last Name, Date of Birth, Street Address
- Verification of Disability
- Current and historic housing (rental or mortgage) information (rent ledger, mortgage payment record, section 8 voucher, property manager or landlord, and other sources not mentioned above); proof of housing crisis
- Income information (wages, unemployment, disability, alimony, child support, self-employment income, interest, dividends, pension, social security benefits, supplemental security income, public assistance such as TANF or GA and other sources not mentioned above); proof of loss of income due to COVID-19
- Benefit information
- Financial assistance requested from Catholic Charities East Bay

Purpose of the disclosure: To establish eligibility for services offered at the agency.

My signature indicates that I know what information is being disclosed. I am aware that this consent can be revoked (in writing) at any time. My signature also means that I have read this form or have had it read to me and explained in a language that I can understand. All the blank spaces must be filled in.

This consent form expires on \_\_\_\_\_, 180 days from the date of signature, unless revoked in writing by the client prior to that date.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff/Witness

\_\_\_\_\_  
Date