

Homeless Management Information System

## Release of Information

I, \_\_\_\_\_  
Name of Homeless Services Client

Residing at: \_\_\_\_\_

On this day \_\_\_\_\_  
Date

Hereby authorize you to release to Human Services Agency Homeless Services social workers specific information concerning:

- Medical Records (including medical history, results of any physical or laboratory examinations and tests, medical and physical therapy and treatment)
- Psychological records (including social history, results of any psychological assessments, tests or examinations, and counseling or therapy progress reports)
- Information to determine my income and assets, such as bank statements, Social Security, SSI, retirement, direct deposit, credit check
- Housing history, including evictions, court actions
- Other (specify): \_\_\_\_\_

Furthermore, for the purpose of obtaining the information noted above, I grant permission for the disclosure of applicable and appropriate information by the party from whom information is requested. I understand that these records shall remain confidential. I understand that this Release of Information is void one year after the date of signing.

This form was completed in its entirety and was read by me (or read to me) prior to signing.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthplace

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Witness (if applicable)