**A logo with green leaves and text

Description automatically generated**

**Fremont Family Coalition**

**Community Response**

**Request and Authorization for Release of Confidential Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize the reciprocal release of information contained in these records between the Fremont Family Coalition and its partnering agencies.

The purpose for such disclosure is:

Assessment, services and case management for connections to community resources

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent allows your information to be shared between the Fremont Family Coalition and any partnering agencies that may assist you. See page 2.

I have been provided with the names of the community partners that may assist with helping me reach my goals. Initials\_\_\_

I have had the opportunity to review the list and cross off the agencies that I do not want to share my information with. Initials \_\_\_

Witnessed by Signature

Date Witnessed Date Signed

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature (for youth under the age of 19)

Date Signed

**Without expressed revocation, this consent will expire one year from date of signature**

**Community Response Advocates**

Dodge County Head Start

Lutheran Family Services

Pathfinder Support Services

Three Rivers Public Health Department

|  |
| --- |
| City of Fremont- Department of Utilities  Dodge County Attorney’s Office  Dodge County Probation  ESU2-University of NE  Fremont Public Schools  Fremont Housing Authority  Good Neighbor Community Health Center  Methodist Fremont Health  Nebraska Department of Health and Human Services  OPPD  NPPD  Rebuilding Together  The Bridge  Northeastern Community Action Partners / WIC  Salvation Army  Mosaic  North Star  Duet  Fremont Transit Program  Uniquely Yours Stability Support  Care Corps LifeHouse  Dodge County Sheriff’s Dept.  Saunders County CR  Central Plains  FindHelp |
|  |

**Service Providers/Informal Supports**

Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utility Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Family/ Youth can choose to add or delete those they wish to share information with