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**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

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| City of Fremont- Department of UtilitiesDodge County Attorney’s OfficeDodge County ProbationESU2-University of NEFremont Public SchoolsFremont Housing AuthorityGood Neighbor Community Health CenterMethodist Fremont HealthNebraska Department of Health and Human ServicesOPPDNPPDRebuilding TogetherThe BridgeNortheastern Community Action Partners / WIC Salvation ArmyMosaicNorth StarDuetFremont Transit ProgramUniquely Yours Stability SupportCare Corps LifeHouseDodge County Sheriff’s Dept.Saunders County CRCentral PlainsFindHelp  |
|  |

 **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