

Authorization for Release of Information

By signing this form, you consent to the release of the types of information listed below and give permission for MaineHousing and these other individuals, agencies and service providers to share that information about you.

Head of Household Name: _____ Date of Birth: ____/____/____ SS#: _____

Current Address: _____ City/Town _____ State _____ ZIP _____

Other adults in the household: _____ Date of Birth: ____/____/____ SS#: _____

Other adults in the household: _____ Date of Birth: ____/____/____ SS#: _____

Children in the household: _____ Date of Birth: ____/____/____ SS#: _____

Children in the household: _____ Date of Birth: ____/____/____ SS#: _____

Children in the household: _____ Date of Birth: ____/____/____ SS#: _____

I authorize MaineHousing, Program Officers and Navigators, and other individuals, agencies and service providers to obtain and release to each other and to personnel from their organizations with financial, supervisory or reporting obligations the following types of information and records about me and my household. I consent to the release of that information and those records by the persons and organizations that hold them.

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|---|-------------------------------------|
| Identifying information (excluding adoption registry records) | |
| School/Training program records (including enrollment and financial aid) | Housing Authority records |
| Financial Institution records | Landlords and their agents |
| Criminal background records (for violent, drug-related, or sex offender activity) | Utility Company Account information |

I understand that this information may be recorded in electronic formats, including the Homeless Management Information System of the United States Department of Housing and Urban Development administered by MaineHousing, for service tracking and data analysis purposes. I understand that some of the information and records about my case are confidential by law. By signing this form, I am waiving this confidentiality only in connection with the release of this information and these records to the persons and entities described in this form and only for the purposes described herein.

I understand that I can cancel this authorization at any time by notifying the Maine Housing Program Officers of the cancellation in writing at the address above. I understand the cancellation will not affect any information or records that were released before the cancellation. I understand that a photocopy of this release is as valid as the original.

This permission is valid for 15 months from the date of signature.

Signature of Head of Household Date

Signature of Other Adult in Household Date

Signature of Other Adult in Household Date

For Those Receiving Information Under This Authorization: Information and records disclosed to you are protected by state and federal law and by confidentiality agreements signed by the service providers and MaineHousing. You are prohibited from releasing this information and these records to any agency, organization or person except as provided on this form without the specific written consent of the person to whom the information and records pertain unless disclosure is otherwise required by state or federal law.

1. **A Navigator or Homeless Initiatives Program Officer for the applicant/participant in the Maine TBRA Program should fill out this form with the participant.** Be sure the participant understands it before signing. Encourage the participant to ask questions about the form and what it entails.
2. **Form Retention.** After this form has been completed and signed, the Navigator will send the original to the Homeless Initiatives Program Officer.
3. **This form may not be used to obtain or release information related to substance abuse, a medical condition involving HIV, or the adoption registry.** Separate, specific release forms must be used in those cases.
4. **Revocation.** If the participant cancels this authorization, write "REVOKED" and the date of revocation in large, bold print across the form. The Program Officer should then date and initial it.
5. **This form is voluntary.** Participants in the Maine TBRA Program should be given accurate information on the ways in which electing against the release of information could adversely affect services.
6. **18 years and older.** No person under the age of 18 may authorize the release of confidential information.

Revised: 10/2019