



Klamath & Lake Community Action Services
 2316 S 6th St. Suite C Klamath Falls OR 97601
 (541) 882-3500 Fax (541) 882-3674
www.klcas.org

To Our Applicants: We can help you better if we are able to work with other agencies that know you and your family. By signing this form, you are giving permission for these organizations to share information about your situation.
Your Name and Date of Birth: _____

Purpose: The information received will be used to evaluate my situation and to plan for and coordinate services for my family for other purposes as specified: Homeless Prevention Assistance
 I authorize any of the following individuals or agencies that I have initialed below to share and exchange information about me or my family and my circumstances with one another for the purpose described above:

<p><u>ENTIRE FIRST COLUMN Recommended as appropriate</u> Initial: <input type="checkbox"/> KLCAS: Homeless Prevention, Family Support & Connections, Energy Assistance, and Representative Payee. <input type="checkbox"/> State of Oregon, Department of Human Services: Self-Sufficiency, Seniors & People with Disabilities, Vocational Rehabilitation, Child Welfare. <input type="checkbox"/> Klamath/Lake: Early Childhood Intervention, Klamath Family Head Start, Healthy Families America, OCDC, school district. <input type="checkbox"/> Klamath Tribal</p> <p><u>Landlord</u> <input type="checkbox"/> Klamath Housing Authority <input type="checkbox"/> Social Security Administration <input type="checkbox"/> Dept. of Veteran's Affairs <input type="checkbox"/> IRS <input type="checkbox"/> Reach <input type="checkbox"/> Mentor Oregon <input type="checkbox"/> Connections DBA SORB Services <input type="checkbox"/> Developmental Disability Services <input type="checkbox"/> Spokes</p>	<p>Initial: <input type="checkbox"/> Dept. of Justice (Child Support) <input type="checkbox"/> Legal Aid Services of Oregon <input type="checkbox"/> Klamath Works <input type="checkbox"/> OHCS <input type="checkbox"/> Oregon Employment Department <input type="checkbox"/> SOCO Development <input type="checkbox"/> Klamath Adult Learning Center <input type="checkbox"/> Goodwill <input type="checkbox"/> WIC <input type="checkbox"/> Hope Pregnancy Center <input type="checkbox"/> Klamath Tribal Health <input type="checkbox"/> Transformations Wellness Center <input type="checkbox"/> Lake County Crisis Center <input type="checkbox"/> RRW <input type="checkbox"/> Sky Lakes Outpatient <input type="checkbox"/> Cascade Health Alliance <input type="checkbox"/> Drug Court-State of Oregon <input type="checkbox"/> Klamath Basin Behavioral Health <input type="checkbox"/> Dragonfly Transformations <input type="checkbox"/> Best Care Treatment Services <input type="checkbox"/> Lutheran Community Services <input type="checkbox"/> Translink (Medical Bus) <input type="checkbox"/> Medical Provider : _____ <input type="checkbox"/> Dental Provider : _____ <input type="checkbox"/> Child Care Provider: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other : _____</p>	<p>Initial: <input type="checkbox"/> Police Department <input type="checkbox"/> County Sheriff Department <input type="checkbox"/> Parole and Probation <input type="checkbox"/> Thrive Church <input type="checkbox"/> St. Vincent de Paul <input type="checkbox"/> Gospel Mission <input type="checkbox"/> Marta's House <input type="checkbox"/> Employer/Potential Employers <input type="checkbox"/> Other: _____</p> <p>Initial: Utility Companies <input type="checkbox"/> Avista <input type="checkbox"/> Pacific Power <input type="checkbox"/> Spectrum Cable <input type="checkbox"/> Dish <input type="checkbox"/> Direct TV <input type="checkbox"/> Sprint <input type="checkbox"/> US Cellular <input type="checkbox"/> City Water <input type="checkbox"/> Sprint <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____</p>
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This permission is valid for 18 months from the date of the signature.
 I can cancel this at any time; I must do so in writing. I understand that the cancellation will not affect any information that was already released before cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve of the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

 Signature Date _____ Parent _____ Guardian _____ Legal Custodian

 KLCAS Team Member Signature Date

To those receiving information under this authorization: State and Federal laws protect the information disclosed to you. You are not authorized to release it to any agency or person not listed on this form without the specific written consent of the person to whom it pertains, unless authorized by other laws.

This is a true copy of the original authorization document _____
 (Agency Staff) Date

