**Emergency Housing Voucher Release of Information**

*I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to Memphis Housing Authority and Community Alliance for the Homeless for the purpose of the Emergency Housing Voucher program application.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [client name], authorize [Program/Agency Name] to share the following specific information with Community Alliance for the Homeless and the Memphis Housing Authority for the purposes of the Emergency Housing Voucher program application.

By signing this form, I grant permission to this agency to share any and all information regarding me and/or dependents (if applicable) with Community Alliance for the Homeless and the Memphis Housing Authority, including:

* Name
* Date of birth
* Gender
* Social security number
* Phone number
* Address
* Program enrollments and assessments
* Housing information
* Pertinent medical, mental health, and substance abuse history (only if requesting reasonable accommodations)
* Employment, income, insurance, and any received benefits

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

**I understand:**

1. That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what is included in the list above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
2. That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
3. I understand that the method by which the information will be released (e.g., phone call, copied documents sent by mail, fax, e-mail, etc.) has inherent risks of illegal access by others. I understand that email is not necessarily confidential.
4. That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

**This release expires 30 days after signature**

**I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**