171 Howell Heights
Jackson, KY 41339
Phone:(606) 666-2452
Fax: (606) 666-9780
Email: mkcadirector@mkcap.org

Darrell R. Shouse
Executive Director

Release/Obtain Information

RE: _____

Social Security Number: _____ **D.O.B:** _____ **Phone:** _____

I authorize Middle Kentucky Community Action Partnership, Inc.

To obtain from: **and release to:**

_____ **Middle Kentucky Community Action Partnership, Inc.**

Middle Kentucky Community Action Partnership, Inc. _____

_____ **Middle Kentucky Community Action Partnership, Inc.**

The specific information:

Household names, Social security numbers, Dates of birth, Proof of all household income, Address, Telephone number, Utility account number, Utility account history, Utility account information.

I understand that the purpose for this disclosure is for:
Emergency services, Weatherization program, LIHEAP program, Education Program, Emergency Food & Shelter Program, Housing Program, Community Partners.

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 C.F.R., Part) prohibit you from making any further discloser of this information without the specific written consent of the person to whom it pertains or as otherwise permitted by C.F.R., part 2. The general authorization for the lease of medical or other information is not sufficient for the purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I have read and been informed that all blanks are properly filed in prior to my signature, and I understand that this form is not required as a condition for treatment.
Time Limitations: This authorization expires one year from the date of the signature or sooner. This time release is subject to revocation at any time except to the extent that the program which is to make disclosure has already taken in reliance on it.

Expiration Date: One year from date of intake

_____ _____
Client Signature Date

_____ _____
Staff Signature Date