

Shelters of Saratoga
14 Walworth St.
Saratoga Springs, New York 12866
Phone 581-1097 Fax 581-8735

Authorization and Release

I, _____ hereby authorize all the staff of Shelters of Saratoga, Inc. (SOS), to exchange any and all information about me with the Saratoga, Warren and Washington County Department of Social Services as well as any of the following offices, agencies or individuals. I may not have had contact with any of these offices. My date of birth is: _____

- New York State Office of Temporary and Disabilities Assistance
- Saratoga Springs City Police/Saratoga County Police
- New York State Police
- And all New York State/County Department of Parole/Probation
- Saratoga, Warren or Washington County CPS or APD
- Saratoga Springs Hospital including but not limited to Mental Health Unit
- Social Security Administration
- Saratoga Alcohol Services to include but not limited to SCAS, SPARC and PROS
- Hedgerow House, Stonebridge, Edgewood House, Hammond House, Stone Quest, Franklin Manor
- Community Health Center
- SPOA/All TSA housing programs as well as care coordination
- Saratoga, Warren and Washington County Shelter plus Care included but not limited to Public Housing
- All Veteran Services to include but not limited to RPC, Guardian House, Veteran Services, Vet Help Soldier On
- Saratoga County Economic Opportunity Council (EOC)
- Catholic Charities and to include any and all local Churches
- Four Winds, McPike, St. Lawrence, Conifer Park
- Salvation Army
- CAPTAINS
- Legal Aid Society
- Code Blue
- Well Springs Domestic Violence
- Ellis Hospital Care Central
- Southern Adirondack Independent Living (SAIL)
- Saratoga, Warren, Washington Count Domestic Violence
- Saint Peters Addiction Care Center

Emergency Contact Name: _____ Phone #: _____

Other: _____

I agree that the information released or exchanged between S.O.S. and any of the parties named in this release form may be done by telephone, regular mail, email, fax or in-person. I also allow the release and exchange of any and all information between S.O.S. and the Saratoga Springs Police Department, which may be used to conduct a background check on me. I authorize the aforementioned agencies, offices and individuals to permit S.O.S. to inspect and examine any and all records maintained by any parties named in the release form about me or in connection with my case(s), and to obtain copies of any and all information and material contained in such records.

I give permission to have my picture taken upon admission to S.O.S. exclusively for inclusion in my Shelter records.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____