



Tenant Name: _____

I authorize the staff of Joseph's House to contact, and obtain and share information with the following individual:

Name: _____

Address: _____

Telephone Number: _____

Relationship to Tenant: _____

Information to be shared includes:

___ Medical Information Reason: _____

___ Mental Health Information Reason: _____

___ Housing Information Reason: _____

___ Personal Information Reason: _____

___ Financial Information Reason: _____

The information to be shared and obtained will relate solely to my ability to remain stably housed. I understand that I may revoke this consent at any time before it expires, one year from the date below.

Signature

Date

Witness

Date



Consent for Release of Information

Name: _____ Date: _____

Date of Birth: _____ SSN: _____

I give permission to Joseph's House to share my information with members of the SPOA committee when individuals are presented for housing opportunities, and no additional information will be shared once the SPOA component to housing has been completed.

_____ Initial

_____ Date

I hereby give consent to Joseph's House to receive information from and share information with the following agencies and recognize that this is a requirement of my continued participation with the Joseph's House Supported Housing Program.

_____ Troy Housing Authority

I also give consent for Joseph's House to receive information from and share information with the following agencies as they pertain to me:

	Initial:	Date:
_____ Unified Services	_____	_____
_____ St. Peter's Health Partners	_____	_____
_____ Unity House	_____	_____
_____ Social Security Administration	_____	_____
_____ Department of Social Services	_____	_____
_____ Rensselaer County Health Home Coordination	_____	_____
_____ Mental Health Empowerment Program	_____	_____
_____ YWCA	_____	_____
_____ Rensselaer County Probation	_____	_____
_____ Hudson Mohawk Recovery Center	_____	_____
_____ Conifer Park	_____	_____

I understand that I have the right to cancel my permission to release information at any time before this document expires, one year from the date below.

_____ Signature

_____ Date

_____ Witness

_____ Date