



## **Release and Exchange of Confidential Information**

I (We \_\_\_\_\_),  
hereby authorize Community Action staff to contact and discuss any and all  
information pertinent to my family's plan with the following individual or agency:

Property Owner / Landlord:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To Provide Information to: Housing Assistance

Of: Community Action  
1001 SW Baseline St  
Hillsboro, OR 97123

Fax: (503) 648-4175  
Phone: (503) 648-6646

### **Include Records of:**

Family History	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Requested
Employment/Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Requested
Housing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Requested
Alcohol/Drug Treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Requested
Criminal History	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Requested
Mental Health Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Requested
Medical/Dental Records Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Requested
(Specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Requested

I understand that all information concerning my family will be treated as confidential and that  
information will only be shared if it is pertinent to the case and/or is deemed necessary for the  
benefit of my family or the program. This release expires 1 year after date signed.  
I recognize that the information disclosed may contain information that is protected by Federal  
and State law, and I specifically consent to disclosure of such information.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Action Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Action Staff

\_\_\_\_\_  
Date