



Consent to Release Information



Please read, sign and date each section.

I. Crisis Assistance Ministry Consent to Release Information

To assist you, Crisis Assistance Ministry needs your consent to contact your landlord, mortgage holder, utility companies, other vendors, resource providers and household members for any reasonable purpose to resolve your emergency.

My signature below indicates that I request and authorize Crisis Assistance Ministry to contact appropriate individuals for the purpose of verifying information to determine my eligibility for available assistance, negotiating amounts required, committing funds and paying bills by check or electronic transfer. By my signature, I attest that the information I have provided and will provide is true and complete to the best of my knowledge. I understand that I am not required to give my consent; however, I understand that I will not receive assistance if I don't give it.

Jane Doe

(Signature)

6/26/2020 8:53AM EST

(Date)

II. Data Sharing Consent

When you apply for assistance at Crisis Assistance Ministry, we enter into our computer your name, address, landlord, the names of all household members, their birth dates, race, sex, and certain other information you may provide (collectively, your "personal information"). As part of its mission to provide assistance and advocacy to those in financial crisis, Crisis Assistance Ministry may participate in research and education programs intended to improve the development, delivery and quality of human services. In conjunction with such participation, Crisis Assistance Ministry may share your personal information with certain research organizations, including the University of North Carolina at Charlotte's Institute for Social Capital (collectively, "Researchers"), for research and education purposes only. Crisis Assistance Ministry requires Researchers to agree to strict confidentiality restrictions with regard to your personal information and to remove all personally identifiable information from their research. We need your written consent to share your personal information with these Researchers. Your personal information is not shared without your consent. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with Researchers.

Jane Doe

(Signature)

6/26/2020 8:53AM EST

(Date)

III. Mecklenburg County Department of Social Services Consent

Crisis Assistance Ministry administers financial assistance programs through a contract with the Mecklenburg County Department of Social Services (DSS). These programs are the Crisis Intervention Program (CIP), Emergency Assistance Program (EA), and the General Assistance Program (GA). One of the requirements to be eligible for these public funds is that we must have your written consent to release your information to DSS. Your personal information is not shared without your consent. I understand that I am not required to give my consent; however, I understand that I will not receive assistance from these funds if I don't give it. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with DSS.

Jane Doe

(Signature)

6/26/2020 8:53AM EST

(Date)

Witness Signature to Parts I II & III (If signature is an x)

(Date)