



Project Self-Sufficiency Release of Information & Media Release

Authorization to Represent Client and to Obtain/Release Information

Client Name: _____

Date of Birth: _____

This document authorizes Project Self Sufficiency staff to release/obtain information about the above-named person to/from the following parties:

Client initial	Agency/Organization	Client initial	Agency/Organization
	CA Department of Social Services		Mental health:
	Project Self-Sufficiency		Nonprofit:
	Landlord:		Other:
	Childcare:		Other:
	College:		Other:

Client Initial

_____ This release includes authority to discuss my housing status.

_____ This release includes the authority to discuss my child care.

_____ This release includes authority to discuss my academic course of action.

_____ This release includes authority to discuss my financial status and needs.

I authorize PSS staff to obtain/release all information concerning the above matters to/from the above listed sources. I understand that this information is necessary to coordinate resources on my behalf, including representing me to these parties in an effort to access and coordinate services needed by me.

I have been told that PSS staff may record some personal information about me to help him/her provide appropriate services to me. I hereby authorize him/her to do so, provided the information is kept confidential and not disclosed except to persons or agencies directly involved in the effort to access and coordinate needed services.

I understand that, because a portion of the funding for Project Self Sufficiency programs comes from state and federal sources, Project Self Sufficiency is required to provide demographic information to such sources. Any information provided is used strictly to provide information as a whole, and to document funding allocations to PSS participants.

This authorization may be revoked by me at any time. The release expires 1 year from the date of my signature.

Client Signature

Date

Media Release

I understand that as a participant of PSS, my image and those my child(ren) may be captured in photographs and/or videotapes. I acknowledge that PSS reserves the right to use and edit any such image for nonprofit and educational purposes, including marketing, publicity, and advertising on behalf of PSS. By signing below, I acknowledge I will hold harmless the PSS program, staff, and volunteers from any liability in connection with the documenting or use of my image and that I will receive no compensation.

Client Signature

Date