



RELEASE FOR GRANT APPLICATION

I _____ hereby authorize Hastings Family Service to seek/release information concerning me and/or my family which may be helpful in assessing my situation. This release includes, but is not limited to reports, surveys, evaluations, assessments and recommendations by professionals concerning my circumstances.

I understand that information about me is private. It cannot be given to anyone without my written permission unless the law says it can. The law requires Hastings Family Service Staff to report any suspicion of child abuse or neglect.

I understand that I may refuse to give permission to share this information. If I refuse, I may not receive the service I am requesting.

I understand that I am requesting assistance from Hastings Family Service based on an emergency need. I may be required to provide additional income and expense documentation (i.e. bank statements, check stubs, receipts, etc.). All of the information I will provide to Hastings Family Service is true and accurate. I understand that Hastings Family Service will deny, suspend, modify, reduce, or terminate future services if I provide untruthful or fraudulent information or if I cannot demonstrate an emergency need.

I understand that this information will only be given to people who have a need and right to know about me.

This authorization shall continue in effect until I revoke it in writing or the service requested is completed or terminated.

Applicant's Signature

Date

Applicant's Date of Birth

Staff Signature

Date

THIS FORM IS AVAILABLE IN OTHER FORMATS UPON REQUEST.