

CASE #: 2107717

EC #: _____

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

To: **HOUSING RESOURCE CENTER**
(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

I, Erik Hernandez, RESIDING AT _____
HEREBY AUTHORIZE YOU TO
RELEASE TO THE DEPARTMENT OF SOCIAL SERVICES SPECIFIC INFORMATION REQUESTED
BY THIS AGENCY CONCERNING: **CaWORKs case status, housing/shelter service needs as well
as related case management information.**

I FURTHER AUTHORIZE THE SHARING OF INFORMATION BETWEEN BOTH AGENCIES
REGARDING **MY CaWORKs CASE. THIS INFORMATION IS NEEDED FOR THE FOLLOWING
PURPOSE: To refer and monitor participation and progress in Housing Resource Center services.**

DISCLOSURE IS AUTHORIZED FOR THE PERIOD OF: 12 months from signature date.

I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME.

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF CaWORKs CUSTOMER		DATE
<i>Erik Hernandez</i>		<u>September 8, 2022</u>
BIRTH DATE	MOTHER'S MAIDEN NAME	
<u>JANUARY 8, 1998</u>	<i>María de los Angeles Hernandez</i>	

ABCDM 228 HRC_HSP, Release of Information, Housing Resource Services (7.24.14)