

CARE Community Center **Assistance Network**
Shared Case Management Software - CharityTracker
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Date of Birth: _____ / _____ / _____ **SSN:** _____ - _____ - _____
mm / dd / yyyy

Phone: _____ - _____ - _____

The CARE Community Center **Assistance Network**, "hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. CARE Community Center (Adminstrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including CARE Community Center (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<u>Dependent's Name</u>	<u>DOB</u>	<u>Social Security Number</u>
		- -
		- -
		- -
		- -
		- -
		- -
		- -
		- -

I authorize CARE Community Center, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize CARE Community Center (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X

 Client and/or Parent-Legal Guardian's
 Authorizing Signature

 Date

X

 Agency Representative Signature

 Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from its expiration date.