JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES EARLY START PROGRAM

LEAP

OWF only

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

CASE NAME:	CASE NUMBER:
CLIENT NAME:	ADDRESS:
CHILD'S NAME:	PHONE NUMBER:
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

I, ______, hereby give full consent to the disclosure of information to or from the records of the Jefferson County Department of Job and Family Services to the Jefferson County Community Action Council Early Start program.

I understand that this information will be released to the Early Intervention Local Collaborative Group and Early Start Provider Agencies.

EXTENT OF INFORMATION TO BE RELEASED:

 Scholastic/Attendance Records
Pertinent Social History
 Updated address and phone number
 Other:

I further understand that these records are protected by the state and/or federal confidentiality regulations, and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may revoke this consent at any time. This consent expires automatically one year after the date below. A photocopy of this authorization shall have the same force as the original.

Signed this	day of	<u>,</u>	20	_
Signature				
	(Parent or Guardian) (Relationship)		
Witness				
	(Caseworker)			
Witness				
	(Social Worker)			
Revoked				