



Community Action Partnership of North Central Missouri (CAPNCM)

1506 Oklahoma Avenue ~ Trenton, MO 64683

Phone: 1-855-290-8544 ~ Fax: 1-844-503-1872

Website: www.capncm.org ~ Email: contactus@capncm.org

Release of Information Authorization

The purpose of the release of information is to provide optimum customer services through cooperative information sharing among inner agency and partner agencies and information gathering from past or present employers, educators.

Information is confidential and limited to that which is needed to establish customer eligibility for Workforce Investment Act, LIHEAP and/or Community Service Block Grant registration, or to establish employment verification, salary, beginning or ending dates of employment, education, or training attendance/participation.

Information shared is within our agency or partner agencies only and is kept confidential.

Information obtained may be from past and/or present employers, training/education providers, or other public or private entities that may affect your eligibility for Workforce Investment Act, LIHEAP and/or Community Services Block Grant services.

Customer Release

I acknowledge that all information to be shared or gathered about me, or a minor child for which I am a parent or legal guardian, has been discussed in full with me. I understand the nature of this information, and that it will be used for program eligibility and/or verification purposes only.

I release **Green Hills Community Action Agency, DBA Community Action Partnership of North Central Missouri** from all liability for information shared or gathered pursuant to this Release of Information Authorization. Following are individuals, educational institutions, agencies or businesses that I am allowing the exchange of information with:

JOB

Children's division

Probation & Parole

Family Services Division

Landlords

Social Security Administration

Inner Agency

Heating/Utility Suppliers

My authorization for Release of Information to or from the agencies/organizations listed above is valid for 12 months from the most recent signature of my or minor child's participation in the program.

Customer Name(Printed)

Social Security Number

Customer or Parent/Guardian Signature (valid for 12 months) Date

Address

City

State

Zip

Provider Agency Witness Signature (Valid for 12 months) Date