



# AUTHORIZATION TO RELEASE INFORMATION FORM

Ulster County Community Action Committee, Inc.  
70 Lindsley Ave. Kingston, NY 12401  
Phone: (845)338-8750 Fax (845)338-0223

Customer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Customer's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (per CSBG program requirement)

I hereby authorize Ulster County Community Action Committee, Inc., to obtain the following: (check one):

- Obtain from the following
- Release to the following

Name:

Address:

The following documents/information from the records pertaining to services received

Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

The documents to be released are described or listed as:

The records are required for the specific purpose of:

I understand that my authorization will remain effective from the date of my signature until **09/30/18** and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

\_\_\_\_\_  
Signature of Customers and/or Designated Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# ZERO INCOME FORM

I, \_\_\_\_\_ attest that the following members in my house who are 18 years or older have zero (0) income. I give Ulster County Community Action Committee, Inc., permission to obtain information from the Department of Social Services and or any other agency.

Please list all members 18 or older who have zero income:

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

If applying for Emergency Food Pantry, please summarize your emergency situation:

There may be other programs and services available that you and your family may benefit. Would you be interested in additional information or referrals to any of these types of programs? Check all that apply below:

Food Stamps		Employment & Training	
Other Food Resources		Nutrition Programs	
Budgeting Services		Veteran's Services	
Healthcare		TANF	
SSI/SSD		Education (GED)	
Volunteering			
Other, please specify:			

Because your personal information is held in the strictest of confidence, we will only share information with a signed **RELEASE OF INFORMATION** form (included in this package).

**DECLARATION**

I, the undersigned customer, do solemnly swear that the above information is true, correct and complete to the best of my knowledge. I understand that any false statements of misrepresentation may result in my being found ineligible for emergency assistance. I consent to any inquiries to verify or confirm the information provided on this application.

Signature of Customer:		Date:	
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**TO BE COMPLETED BY UCCAC, INC., EMPLOYEES** <-----

Level of Income: % of Federal Poverty Level	✓
Under 75%	
Under 100%	
Under 125%	
Under 150%	
Over 150%	

If over the 125%: \_\_\_\_\_ Outreach Funds \_\_\_\_\_ Other sources (Please list)

Notes:

Care Managers/Program Director's Initials: \_\_\_\_\_ Date: \_\_\_\_\_