



Children at Home Release of information

The purpose of this **Release of information** is to help EveryStep staff connect with any individual or entity involved with verifying information or invoicing for the Children at Home program on behalf of the named child below.

Child's name: _____ Child's date of birth: _____

I, _____ the undersigned, hereby authorize EveryStep my consent to release, obtain, and/or exchange information needed to approve the application for my child to receive funding through the Children at Home program with the individual(s) and/or agency(s) listed below.

Individual/Agency Name		
Individual/Agency phone number and address		
Parent/legal guardian signature		Date:

Individual/Agency Name		
Individual/Agency phone number and address		
Parent/legal guardian signature		Date:

Individual/Agency Name		
Individual/Agency phone number and address		
Parent/legal guardian signature		Date:

This release of information is valid, unless noted otherwise, for the current fiscal year of the program. This release may be withdrawn at any time by the above signed parent/legal guardian.

<p>I, _____, the undersigned, deny EveryStep my consent to release, obtain, and/or exchange information with any individual or agency in regards to approving the Children at Home application for the above named child.</p>	
Signature of parent/legal guardian: _____	Date: _____