



CalFresh Applicant's Authorization for Release of Information

To: CalFresh Office,

I, (client name) _____
, residing at (client address) _____
(client phone) _____, **hereby authorize you to release to the Name of agency, institution, individual provider** (Outreach partner representative and agency name): _____

Specific information requested by this agency which I cannot provide concerning:

All information related to my CalFresh application, including status, pending/missing required verifications and activities, final determination, ongoing eligibility concerns, copies of related notices, and appointments.

The Health and Human Services Agency (HHSA) will notify:

Outreach Partner Contact Name: _____
Outreach Partner Contact Phone: _____

This information is intended for the following purposes:

To allow the CalFresh Outreach agency representative to assist me as I complete the CalFresh application process.

I understand that I may revoke this authorization at any time by contacting my CalFresh Worker.

I understand that I may decline to complete this form as releasing information to the (specify Outreach partners agency name and representative): _____

is strictly voluntary and not required.

This form was completed in its entirety and was read by me (or read to me) prior to signing.

Signature of Applicant: _____ Date: _____
Birthplace: _____ Birth Date: _____
Maiden Name of Mother: _____
Signature or Name of Spouse: _____ Date: _____
Birthplace of Spouse: _____ Birth Date of Spouse: _____
Maiden Name of Spouse's Mother: _____