



## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, authorize the referring agency: \_\_\_\_\_ to release to and receive information from SHELTER, Inc.

I, \_\_\_\_\_, authorize SHELTER, Inc. to release to and receive information from Contra Costa Employment & Human Services Dept.

This authorization pertains to eligibility information for CalWORKS programs for purposes of enrollment in the HousingWORKS! Program operated by SHELTER, Inc.

\_\_\_\_\_  
SIGNATURE: Program Participant \_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE: Referring Agency Contact \_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE: SHELTER, Inc. \_\_\_\_\_  
Date  
(Sign when referral is received)

This consent to release will expire on \_\_\_\_\_

*NOTE: Program Participant may revoke this authorization in writing at any time.*