

CalFresh Outreach 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 purpose:

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: _____