

TO: _____

RE: _____

Client Social Security Number

FROM: _____

Thank you for your prompt response. All information is confidential. Please contact _____ at _____ if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.
Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Client Signature Date

THIS SECTION TO BE COMPLETED BY GRH VENDOR

Does the above address match your records? YES NO
Number of Persons on Grant: ADULT(S) _____ CHILD(REN) _____
Source(s) of Client/Household Income: GA MFIP SS/SSI/RSDI Earned Income Other _____
Client/Household Obligation to GRH: \$ _____ Effective Date of GRH Grant: _____
GRH Program: Housing First (scattered site) Board & Lodge Long Term Homeless Special Projects
GRH Base Rate: \$ _____ GRH Service Rate (if any): \$ _____

Service Provider:
Signature: _____ Date: _____
Print your name: _____ Phone: _____
Title: _____ Address: _____