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 This release may be withdrawn at any time by the above signed parent/legal guardian.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, **deny** EveryStep my consent to release, obtain, and/or exchange information with any indivual or agency in regards to approving the Children at Home application for the above named child.

Signature of parent/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_