

Authorization for Release/Exchange of Information Center of Concern & Northwest Compass

I hereby give permission to **Center of Concern** (1665 Elk Blvd. Des Plaines, IL 60016) and **Northwest Compass** (1300 W. Northwest Hwy, Mt. Prospect, IL 60056) to release and exchange information about my household and I for the purpose of verifying information in order to establish eligibility for financial assistance and to prevent duplication of services. I understand that the information will be exchanged in the following manner:

- Step 1. Head of household name and date of birth. In the event that the agency receiving the information does not have a record of this household, the release will cease and remain at this step. In the event that the agency receiving the information has a record of this household, the following step/s will proceed in order to obtain verification:
- Step 2. Household address. In the event that sufficient confirmation is obtained through this step, the release will cease from continuing. Otherwise, the following step will follow:
- Step 3. Household size, name/s of other adult household members.

I understand that the named agencies will not use or disclose this information other than as stated above and will not disclose any information without a specific authorization for such disclosure. I understand that I have the right to revoke this consent at any time. Revoking this consent shall have no effect on disclosures made before the withdrawal of consent. I understand that the information is used in area-wide reports and in agency reports to those who provide funds for assistance programs to help the community (wide-area reports exclude identifiable information). **This release of information is valid until September 30, 2020 from the signature date.**

I understand that refusal of this consent will immediately prohibit my household and I from determining eligibility for financial assistance through the City of Des Plaines CARES Act funding.

Minor Household Members (Names & Respective Date of Births):

Other Adult Members in Household (every adult must sign):

Name (print)	Date of Birth	Signature	Date
Name (print)	Date of Birth	Signature	Date
Name (print)	Date of Birth	Signature	Date
Name (print)	Date of Birth	Signature	Date

Head of Household:

Name (print)	Date of Birth	Signature	Date
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Witness: _____

Name (print) _____ Signature _____ Date _____