

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 (<i>print</i>)	Date of Birth	Signature	Date
Name (<i>print</i>)	Date of Birth	Signature	Date
Name (<i>print</i>)	Date of Birth	Signature	Date
Name (<i>print</i>)	Date of Birth	Signature	Date

Head of Household:

Name (<i>print</i>)	Date of Birth	Signature	Date
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Witness:

Name (<i>print</i>)	Signature	Date
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