

WINNEBAGO TRIBE OF NEBRASKA
SOCIAL SERVICES PROGRAM • APPLICATION FOR ASSISTANCE

~ **RELEASE OF INFORMATION** ~

Purpose: The Social Services Program can assist applicants and clients more fully if we are able to work with other organizations and agencies that know you and your family. By signing this form, you are giving permission for other organizations/agencies & the Social Services Program to share information about your situation and case as long as it is relevant to your case plan. The information received will be used to plan and coordinate services for you and your family. This will also allow the Social Services Program to verify eligibility or establish need for on-going assistance through the Winnebago Tribe of Nebraska's Social Services Program. This authorization is good for one year from the signature date below or until your case is closed. I understand that information about my case is confidential and protected by State, Tribal and Federal laws.

I(we) Grant Deny the Winnebago Social Services Program authorization to share and exchange information with outside agencies.

***Note:** A denial of authorization may cause a delay in eligibility determination, as the client will need to provide verification on his or her own without the full assistance of the program.*

To those that receive information under this authorization:

Tribal, State and Federal laws protect information disclosed to you by the Social Services Program. You are **not** authorized to release it to any agency or person specific written consent of the person to whom it pertains unless authorized by other laws.

Head of Household (Print)



Head of Household (Signature)

Date

Spouse/Significant Other (Print)



Spouse/Significant Other (Signature)

Date