

**Buffalo Housing/Homeless Outreach (BHOP) Program
CLIENT CONSENT and RELEASE OF INFORMATION AUTHORIZATION**

_____ is asking your permission to **share** information with and receive information about you from some or all of the following agencies: American Red Cross, Crisis Services, Neighborhood Legal Services, Catholic Charities, Homeless Alliance of WNY, Community Action Organization, HOME, Lt. Col. Matt Urban Center, Buffalo Urban Renewal Agency, US Housing and Urban Development, Saving Grace Ministries, Compass House, Community Services for the Developmentally Disabled, Hispanics United, Restorations Society, VIVE, WNY Veterans Housing, YWCA, and Erie County Department of Social Services through the BAS-Net Community Database.

You may choose to allow an exchange of any or all of the following information by placing your initials next to the appropriate item.

- _____ General Information (including name, social security number, date of birth, citizenship, emergency contacts, gender, race, marital status, household composition)
- _____ Medical Information
- _____ Case history
- _____ Military information
- _____ Legal history
- _____ Employment, skills, and income information
- _____ Residential/housing information
- _____ Other: _____
- _____ All Issues

In addition, I authorize the Erie County Department of Social Services to disclose information contained in their records to the participating agencies for HPRP eligibility purposes.

I understand that I **may cancel this authorization at any time by written request**, but the cancellation will be active as of that date and not before it. I understand that this release is valid for one (1) year from the date of this document unless otherwise specified.

Signature of Client or Guardian

Date