



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Release of Information

HPRP Adult Participants Only			
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>DOB</u>

I certify that the information provided in my application for services is true and correct to the best of my ability. I understand that the Homelessness Prevention and Rapid Re-Housing Program (HPRP) was created by the American Recovery and Reinvestment Act of 2009 (ARRA) as a stimulus program. I further understand that any misuse of these funds could result in criminal prosecution by the U.S. Inspector General’s office assigned to oversee the use of stimulus funding.

I authorize the release of the following specific information necessary to secure or coordinate needed services.

1. Identifying information such as name, birth date, sex, race, address, telephone number, and social security number
2. Intake and assessment information
3. Financial information necessary to establish eligibility for assistance including, but not limited to, pay stubs, W2's, tax returns, credit report, and other financial information
4. Social history, treatment and/ or medical service history
5. Legal history, current and pending legal information
6. Referrals to social service agencies for additional services

I consent to the review of my record for the purpose of monitoring the services delivered to me and all members of my household by the City of Kansas City Missouri and/or the U.S. Department of Housing and Urban Development (HUD) or designee.

I understand that I may cancel this authorization at any time except to the extent that an action has already been taken. The cancellation must be in writing. Unless expressly cancelled earlier, this authorization expires September 30, 2016.

By signing below I agree that the above has been explained to me and all my questions have been answered.

HPRP Participant Signature

Date:

HPRP Participant Signature

Date:

Agency Representative

Date:



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By signing below I hereby cancel the release of information beginning with the date of my signature. I understand that this does not apply to the review of my record by the City of Kansas City and or HUD for the purposes of monitoring the services delivered to me and all members of my household.

HPRP Participant Signature

Date:

HPRP Participant Signature

Date:

Staff Agency Representative

Date: