

# Consent to Release Information



This is consent for release of information (ROI) for:

Head of Household (full name, print): \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

This ROI will expire 5 years after signature unless revoked sooner.

## Information to be Released:

The information AHFC shares would be limited to your name, contact information, the date you received your housing voucher, the date it will expire, and if you did not respond to a request for an interview. A JCHH agency would contact you and work with you on finding housing. They will not make decisions without your participation.

## I authorize AHFC to discuss my voucher with (initial next to those you approve):

\_\_\_\_\_ Jackie Bryant, Navigator, Saint Vincent de Paul: (907) 723-0289, [jackiebryantsvdp@gmail.com](mailto:jackiebryantsvdp@gmail.com)

\_\_\_\_\_ Kim Sumner, Navigator, Saint Vincent de Paul: (907) 500-3722, [kimsvdp@gmail.com](mailto:kimsvdp@gmail.com)

\_\_\_\_\_ Henry Melville, Navigator, Saint Vincent de Paul: (907) 500-3721, [henrysvdp@gmail.com](mailto:henrysvdp@gmail.com)

\_\_\_\_\_ Chloe Papier, The Glory Hole, (907) 419-7386, [cpapier@juneauhfc.org](mailto:cpapier@juneauhfc.org)

\_\_\_\_\_ Shannon Fisher, Executive Director, Family Promise: (907) 500-3032, [director@familypromisejuneau.org](mailto:director@familypromisejuneau.org)

\_\_\_\_\_ Hazel LeCount, Staff Generalist, Polaris House: (907) 500-5393, [hlecount@alaska.net](mailto:hlecount@alaska.net)

\_\_\_\_\_ Doug Harris, Chief Integrated Services Officer, JAMHI, Inc.: (907) 463-3303, [dough@jamhi.org](mailto:dough@jamhi.org)

\_\_\_\_\_ Eileen Hosey, Case Manager, Southeast Senior Services: (907) 463-6113, [eileen.hosey@CCSjuneau.org](mailto:eileen.hosey@CCSjuneau.org)  
*Eileen helps people 60 years old or older.*

\_\_\_\_\_ Bill Williams, Service Coordinator, Southeast Senior Services: (907) 463-6107, [william.williams@cssjuneau.com](mailto:william.williams@cssjuneau.com)  
*Bill helps Alaska Natives 60 years old or older.*

## Please note (initial next to each):

\_\_\_\_\_ Enrollment or eligibility for benefits does not require that you sign this ROI.

\_\_\_\_\_ If you provide consent above, you may revoke it at any time.

\_\_\_\_\_ You will receive a copy of this form when it is completed.

By signing below, you agree that:

- You've read through this form, or had someone read it to you.
- You've been given the opportunity to ask questions, and understand the answers.
- You agree to share information as outlined above.

Head of Household, Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative (full name, print): \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REVOCACTION

I hereby revoke this Release of Information agreement and my consent.

Head of Household, Signature: \_\_\_\_\_ Date: \_\_\_\_\_