



Bad River Social and Family Services

OUR MISSION STATEMENT

To provide services, referrals, and program support that promote self-sufficiency, family unity through our cultural teachings, economic stability, and wellbeing to eligible families in our service area.

RELEASE OF INFORMATION

REGARDING THE RECORDS OF:

Full Name: _____
Last *First* *M.I.*

Address: _____
Physical Address *Apartment/Unit #*

City *State* *ZIP Code*

DOB: _____ SS#: _____

Individual to receive release:

Name	Address	Phone	Fax

Requested Information:

- Case Plan
- Medical
- Behavioral health
- Employment
- School
- Legal
- AODA
- Financial
- Treatment plan
- Other: _____

Purpose of Disclosure:

- Coordination of services
- Determine eligibility for services
- Continuity of services
- Program administration
- Other: _____

Limitations to this authorization include:



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I understand that:

- By signing this “Release of Information,” I certify that the information provided is true and correct. Any information obtained will be kept confidential and used only for the purpose of determining eligibility and/or providing services.
- My personal information and information concerning my case will be exchanged between identified agencies and/or individuals.
- I may revoke this authorization, in writing, at any time except where information has already been released because of this authorization.
- This authorization will automatically expire one year from the date of signature unless I take back my permission sooner.
- This authorization is voluntary, and I may refuse to sign. If I do not sign, eligibility or confirmation of services may not be able to be determined.
- Bad River Social and Family Services Department encompasses the following programs: Economic Support, Aging, Food Distribution, Zhawenindig Services, Abinoojiyag Resource Center, Child Care, and Family Resource Management.

Client Signature

Date

Witness Signature

Date

FOR OFFICE USE ONLY

Date Received:	Staff Initials:
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