

HOUSING AUTHORITY OF THE TOWN OF ENFIELD

1 Pearson Way
Enfield, Connecticut 06082
(860) 745-7493 Fax (860) 741-8439
TDD/TTY 800-545-1833 Ext. 849
www.enfieldha.org



RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the release of information to be used by the Enfield Housing Authority (EHA) in order to assist me with obtaining and/or maintaining programs and services that are indicated below. I'm voluntarily submitting this form to the EHA and I understand that I'm not obligated or mandated to submit this form in order to participate in the EHA housing programs.

The Enfield Housing Authority is authorized to receive information pertaining to benefits or services I receive, and is also authorized to provide information to the following service providers. This authorization will remain in effect until I withdraw this consent in writing. By submitting this document, I revoke any previous Release of Confidential Information forms. I acknowledge that I can revoke this consent at any time.

(Please put an "X" on the service(s) you want us to share/receive information with)

- | | |
|---|--|
| <input type="checkbox"/> Enfield Food Shelf | <input type="checkbox"/> Community Health Resources |
| <input type="checkbox"/> Home Health Agencies | <input type="checkbox"/> Family Members |
| <input type="checkbox"/> Hospital Discharge Planners | <input type="checkbox"/> Lifeline Phone |
| <input type="checkbox"/> Town of Enfield | <input type="checkbox"/> Department of Human Services |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Community Renewal Team | <input type="checkbox"/> State of Connecticut |
| <input type="checkbox"/> Bay Path University | <input type="checkbox"/> Commodity Supplemental Food Program |

Please include name, address and telephone number if authorizing release for the following:

Physician _____

Physician _____

Other _____

Other _____

Resident/Applicant Name (Print): _____

Resident/Applicant Address: _____

Resident/Applicant Signature: _____ Date _____

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting our office at (860) 745-7493

An Affirmative Action/Equal Opportunity Employer
Equal Housing Opportunity

