ENFIELD HOUSING AUTHORITY
BUILDING ENFIELD, ONE HOME AT A TIME
1 Pearson Way, Enfield, CT 06082
Tel 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 <u>want</u> us to share/receive information with)

_____Enfield Food Shelf
_____Home Health Agencies
_____Hospital Discharge Planners
_____Town of Enfield
_____Social Security Administration
_____Community Renewal Team
_____Bay Path University
_____Community Health Resources
_____Family Members
_____Lifeline Phone
_____Department of Human Services
_____Veterans
_____State of Connecticut
_____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_____