



Consent for Release of Information by Other Agencies

I authorize Family Promise of Greater Indianapolis, Inc. to contact agencies and individuals for information about me or my family for the purpose of case management and referral.

This authorization includes all agencies and individuals with whom I have worked with or may work with through referral by Family Promise of Greater Indianapolis, Inc.. This authorization will be considered a mutual release.

The release of content includes, but is not limited to, information regarding entitlements, job performance, financial/credit background, health history, legal history, and substance abuse history.

The release is limited to the time I am a participant in one of Family Promise of Greater Indianapolis, Inc.'s programs, and expires upon my departure from the program.

Name of Participant (printed)

Signature

Date