**Waccamaw Long Term Recovery Group**

**Hurricane Irma**

**Release of Information Form**

On behalf of my household, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, authorize **the Federal Emergency Management Agency (FEMA), the South Carolina Department of Social Services, SC-EMD, my local county EMD, Catholic Charities of the Diocese of Charleston, Inc., local Long Term Recovery Group partner agencies and case management agencies, as well as the Coordinated Assistance Network (CAN) partners** to disclose personally identifiable information and/or confidential information relating to the potential financial or other forms of assistance needed for my household, arising from the major disaster declared as: Hurricane Irma. It is given to obtain and/or provide assistance I need as a result of this declared disaster to:

**PLEASE CHECK ONE OR MORE OF THE FOLLOWING:**

\_\_\_\_\_ *Any nonprofit organization* that is participating in a FEMA or state recognized Long Term Recovery Group (LTRG) for FEMA DR-\_\_\_\_\_\_\_\_-SC

\_\_\_\_\_ The State of South Carolina, through the South Carolina Housing Authority (SHA), the South Carolina Disaster Recovery Task Force and to any agent, county, state or federal agency, designated to receive information relevant to my household request for any disaster support, *including housing relief programs*, currently or hereafter available as the result of Hurricane Irma.

**For the purpose of ensuring that**: Benefits are not duplicated and appropriate referrals for possible and/or potential services provided by other state, nonprofit, and/or faith-based organizations can be made on my behalf.

**PLEASE CHECK ONE OR MORE OF THE FOLLOWING (NOTE: CONSENT TO ANY OF THE FOLLOWING OPTIONS IS VOLUNTARY):**

\_\_\_\_\_ *I specifically consent to release my entire case file, including inspection report, amount of assistance, etc.*

**I understand that the release of this information does not guarantee that assistance will be provided; however, my authorization serves to maximize the opportunities to receive full support from all available state resources.**

**All information will be entered into a comprehensive spreadsheet for VOAD/COAD/LEPC partners to provide and coordinate assistance to households throughout the relief and recovery phases of this disaster.  In the event that the household needs long-term recovery assistance through disaster case management a comprehensive case file will be opened for that household.  All information will be entered into CAN upon the opening of CAN records for this disaster.**

*This consent to disclose information* may include information that is protected under the federal Privacy Act of 1974.  It is made pursuant to and consistent with 28 U.S.C. §1746.  ***I declare, under penalty of perjury, that the foregoing is true and correct.*** I am freely giving my consent on this date listed below.  This consent expires **one year** from this date.. This information is not to be used for any other purpose.

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**Signature** of Applicant Providing Consent **Date**

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**Printed** Name

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