



HOOPA VALLEY TRIBAL TANF PROGRAM
 PO Box 728, Hoopa, California 95546
 530-625-4816 phone/530-625-4826 fax

Consent for Release of Confidential Information

I, _____, hereby authorize and request that the Hoopa Valley Tribal TANF Program may release and/or exchange all confidential professional information pertaining to me or my minor children to the following individuals and agencies:

- All Courts (Tribal, Federal, State, & County)
- TANF: _____
- Social Services: _____
- ICW/CWS/CPS: _____
- Probation Officer: _____
- Parole Officer: _____
- Prop 36 Programs: _____
- Housing Authority: _____
- Mental Health: _____
- Education/School: _____
- K'IMA:W Medical Center: _____
- Other Medical Facilities: _____
- Other: _____

I understand this release of information will remain in effect for one (1) year from this date: _____ and that I may revoke this consent at any time by informing the above parties in writing. My signature below indicates I have read and thoroughly understand the terms of this consent for release of confidential information.

 TANF Participant Signature

 Print Name

 Date of Birth

 Identification (i.e., valid driver license#)

 TANF Case Worker/Program Representative

 CIF#