

OTHER AGENCIES ASSISTING [] DSHS [] SALVATION ARMY [] RED CROSS
¿quien mas te ayudado? [] VOA [] ST. VINCENT [] OTHER

REFERRALS _____

OTHER PLEDGES _____

CONTACTS _____

ASSISTANCE PROVIDED	OFFICE USE
	CHECK NO: _____ COMMUNITY CHEST
	VOUCHER NO: _____ SALVATION ARMY
OFFICER _____ PER# _____	FOOD COUPON NO (S) _____ THRU _____ VOUCHER NO: _____ UTILITIES PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

I, further authorize members of the Monroe Community Chest and member churches of Monroe Interfaith Council for emergency assistance to release any or all information on my behalf to any agency for the purpose of establishing or verifying my eligibility for emergency assistance. This authorization will hereby release the Monroe Community Chest and Monroe Interfaith Council or their agents from responsibility that could arise regarding the release of this information.

Petitioner's Signature _____ Date _____

Witness' Signature _____ Date _____