

National AIA Resource Center, School of Social Welfare, University of California at Berkeley

SHARED FAMILY CARE PROJECT
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, on behalf of myself and my
child(ren), _____,

do hereby authorize release of the following information:

- _____ Participant Intake Form
- _____ Individualized Family Plan (IFP)
- _____ Monthly Team Meeting Reports
- _____ Monthly Progress Report from Mentor
- _____ Monthly Report of Services Received
- _____ Mentor Weekly Log
- _____ Child Welfare Records (during SFC placement and for 1 year immediately following placement)

to designated representatives of :

_____ University of California at Berkeley (evaluation team)

for purposes of coordinating placement and family support services through the Shared Family Care Project, and for evaluation of this project. The information shared among these agencies will remain confidential, and your name will not be in any way disclosed through the evaluation.

I certify that this request has been thoroughly explained to me and made freely, voluntarily and without coercion. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent at any time, except to the extent that action already has been taken to comply with it. Finally, I understand that, except for any applicable child welfare records for the year following my placement, this consent expires upon completion of all services provided through _____.
(name of agency)

Signature: _____ Name: _____

Witness Signature: _____ Date: _____