

OFFICE OF CHILDREN AND FAMILY SERVICES  
**DOMESTIC VIOLENCE RELEASE OF INFORMATION**

**READ FIRST:**

This release allows a social services district and/or domestic violence program to share some of your confidential information in order to determine if you are eligible for benefits that may help you obtain food, emergency and permanent housing, and child care subsidies. You have a right to request an advocate at the domestic violence program discuss with you the alternatives, safeguards, and potential consequences and benefits that could result in sharing your confidential information. When confidential information is shared with a social services district, state law protects the confidentiality of your information. You can use this form to choose what is shared, with whom and for how long.

This form is required for all victims of domestic violence who are applicants and recipients of public assistance, also known as temporary assistance. If you do not wish to apply for or continue to receive public assistance, then your local social services district will cover the costs of your stay in the domestic violence shelter through non-public assistance funding sources.

I, [Name] , authorize the following agency/agencies:

*Check all that are applicable*

What was the date of the domestic violence incident that made you come to the shelter? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In what county was your home address on that date? [county name]

- [Name of Local Social Services District(s)] Social Services District(s)
- [Name of the Domestic Violence Agency] Domestic Violence Program to share the following information with:
- [Name of Local Social Services District(s)] Social Services District(s)
- [Name of the Domestic Violence Agency] Domestic Violence Program

**What information about me can be shared: Information necessary for public assistance**

**I understand the following:**

- I do not have to sign this release form to receive domestic violence services. I do not have to allow the above agencies to share my information. Signing a release form is completely voluntary.
- I have to sign this release form, and share the information necessary for public assistance, if I want to receive public assistance.**
- The agencies referenced above may be required to share my information with others where required by law, regulation, or program administration. Social services districts are required by state law to protect the confidentiality of my information.

**This release expires on [Date] \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

*(Expiration should meet the needs of the victim to accomplish the desired purpose. For domestic violence residential services, this is usually 180 days, the maximum length of stay in a residential domestic violence program.)*

**I understand that this release is valid when I sign it, and that I may withdraw my consent to this release at any time either verbally or in writing.**

SIGNED: <b>X</b>	DATE: /    /
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<b>Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)</b>	
I confirm that this release is still valid, and I would like to extend the release until [New Date] ____ / ____ / ____.	
SIGNED: <b>X</b>	DATE: /    /

## **Instructions for Completing Release of Information Form**

### **TOP OF FORM:**

- Print your first and last name.

### **AUTHORIZED AGENCIES THAT MAY SHARE INFORMATION:**

- Check the applicable boxes of the agency or agencies that initially can obtain your information.
- Print the name of the social services district that will receive the information. (Example: *Albany County*)
- Print the name of the domestic violence program that is providing you shelter. (Example: *A New Hope Center Inc.*)

### **AUTHORIZED AGENCIES THAT MAY RECEIVE INFORMATION:**

- Check the applicable boxes of the agency or agencies that need to receive your information.
- Print the name of the social services district. (Example: *Allegany County*)
- Print the name of the domestic violence program that is providing you shelter. (Example: *A New Hope Center Inc.*)

### **INFORMATION ABOUT ME THAT MIGHT BE SHARED:**

- The box is pre-filled with "Information necessary to apply and receive public assistance."

### **I UNDERSTAND STATEMENTS:**

- Check the box to indicate you understand that completing the release of information is **not** required.
- Check the box to indicate you understand that completing the release of information **is** required to receive public assistance.
- Check the box to indicate you understand that the social services district may be required by law to share your information. (Example: *reports related to child abuse*)

### **RELEASE EXPIRATION DATE:**

- Fill in a date to indicate how long you wish your information to be shared. (Example, you could fill in a date 180 days from today to match the maximum length of stay to remain in a residential program for victims of domestic violence.)

### **SIGNATURE LINE:**

- Sign your name and fill in today's date.

### **REAFFIRMATION AND EXTENSION AREA:**

- Once the original signature date expires, if you need the release to be continued, enter in a new expiration date (it is suggested no longer than 60 days from the current expiration).
- Sign your name and fill in the date you completed the extension area.
- Please note: This area may be updated as many items as possible to continue the sharing of information as long as you feel it is necessary.