

Zanesville Citizens' Housing Connection

Disclosures & Authorizations to Share Information

I authorize Zanesville Citizens Housing Connection (“ZCHC”) and/or its staff to release, disclose, otherwise share, and/or receive, my personal information, including but not limited to any information provided in the Client Intake Form, to any person or entity it deems necessary for the purposes of evaluating my eligibility for and/or seeking the assistance for which I am asking.

I further authorize any landlord/property manager, lender, public housing authority, counseling agency, or social service agency to share my personal information with ZCHC for those same purposes. This includes but is not limited to any staff, representative, or attorney for my landlord: _____ (*landlord’s name*).

Personal information may also be released to program monitors and affiliated agencies including but not limited to federal, state, and local governments and nonprofit partners for purposes for program review, monitoring, follow up surveys, auditing, research, and other oversight functions. I further understand that affiliate agencies or authorities have the right to adjust services in response to information disclosed at the ZCHC meetings and assessments sessions.

I understand that future crimes or threats to commit crimes are not protected under this authorization. I understand that nothing contained herein prevents ZCHC from reporting a suspicion of child abuse or neglect.

I acknowledged I have received a copy of ZCHC’s conflict of interest policy and privacy policy.

I understand that no information will be discussed about me with entities not directly involved in my efforts to improve my housing or financial situation except as otherwise provided herein. **OPTIONAL OPT-OUT I do not give consent for ZCHC to share my information with the following organization: (enter any entities/individuals here):**

- _____
- _____
- _____

I may revoke consent to these disclosures at any time by notifying ZCHS in writing. Further, this agreement will expire one year from the date signed below.

I understand that all services ZCHC provides are voluntary and I am under no obligation to enroll in any program, participate in any service, or purchase any product. I understand that I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

I understand that ZCHC will not provide me any legal advice.

I agree to keep ZCHS informed of any changes to my contact information, income, or housing status or any other condition which may affect my eligibility for programs to which I have applied.

By signing below, I acknowledge that I have read and understand the above disclosures, that I am not an employee or immediate family member of an employee of ZCHC, and that all of the information provided in the Client Intake Form is true to the best of my knowledge.

Client Signature

Date

Client Signature

Date