

VCRHYP TRANSITIONAL HOUSING PROJECT APPLICATION-RELEASE OF CONFIDENTIAL INFORMATION

Each adult in household must sign a separate release

I, _____, (Applicant) give my consent for the mutual exchange of information between the following listed agencies/individuals, the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), my sponsor agency, and myself through verbal, electronic or written formats.

The purpose of this release is for VCRHYP to verify housing status, request additional or updated application information, and make a determination of program eligibility. I understand that I can terminate this release of information at any time by emailing demo@wcysb.org. This authorization is valid for two years from date signed or until exit from this VCRHYP housing project.

Agency/ Business/ Employer	Address and Phone Number	Purpose:
		TH Sponsor Agency /Service Provider

Applicant Signature: _____ Date: _____

Date of Birth: _____ Previous Name or Alias: _____