

RELEASE OF INFORMATION AND LIABILITY

Case Name: _____ Case Number: _____

SECTION I: PERMISSION TO OBTAIN INFORMATION

My signature on this page means that I am giving permission for Children and Families (DCF) or Kansas Department of Health and Environment (KDHE) to obtain information from the sources named below. I also release the source from liability for providing this information.

Name of Source: _____ Address: _____

Information to be provided: _____

The information requested by DCF or KDHE is needed to accurately determine eligibility, benefits or services.

SECTION II - PERMISSION TO GIVE OUT INFORMATION

Release to Whom: _____

Check one of the following:

_____ Release all of my case record

_____ Release only the following information:

This information is being released for the following purposes: (If only certain information is authorized for release).

READ BEFORE SIGNING: I understand that the information which I have authorized to be disclosed will be used for the purpose(s) stated. I acknowledge that it is my responsibility to be aware of any rights of confidentiality which I may have regarding information which I am releasing and that by signing this consent I am waiving my rights, if any, to confidentiality for purposes which I have approved. This consent may be revoked in writing at any time prior to any action taken in reliance upon it. This consent will expire in _____ days (minimum 120) or 1 year unless otherwise provided.

Signature & Date of Applicant/Recipient

Signature & Date of Guardian/Conservator

Signature & Date of Witness

Signature & Date of Witness

A photo copy or facsimile of this release is as valid as the original.

This form supersedes ES-3101, 10-05 and is to be reproduced locally.