



OARS Confidentiality Agreement

As an OARS participant, I understand that the OARS Advocate provides services for domestic violence and sexual assault.

I understand that I may decide whether I want certain confidential information shared with SRS.

I understand that my information will not be shared by the OARS Advocate to SRS unless I have signed the Authorization for *Release of Specific Information Which Affects Eligibility for SRS Benefits Form*, except for information concerning the abuse or neglect of children, when required by law.

I understand that it remains my responsibility to report to my SRS Case Manager any changes in my income, employment, address, or household composition and that failure to do so may result in the loss of SRS benefits or repayment of SRS benefits per federal and state laws.

I understand a signed copy of this agreement will be given to my SRS Case Manager.

By signing below, I agree that I have reviewed and understand the above OARS Confidentiality Agreement.

Signature of OARS Participant

Date

Signature of OARS Advocate

Date

All SRS information and KEESM policy referenced or excerpted is current at the time of publication.

For the complete and most current information and policy go to <http://www.srskansas.org>. Contact KCSDV for more information.