



## Yurok Tribal TANF Program

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Hwy 96 Weitchpec RT, Weitchpec, CA 95546 (530)625-4130Ph. (530)625-4148Fax

### Authorization to Release Information

I, \_\_\_\_\_, hereby authorize the Yurok Tribal TANF Program and departments of the Yurok Tribe, and the organizations and/or individuals indicated below by my initials to release and receive information concerning my case and/or the case of my dependent(s) named below. I have been informed of the type of information to be requested and released.

#### Please Initial:

\_\_\_\_\_ All Yurok Tribal Programs

\_\_\_\_\_ Department of Health and/or Social Services of \_\_\_\_\_ County.

\_\_\_\_\_ Probation Department of \_\_\_\_\_ County.

\_\_\_\_\_ United Indian Health Services and/or the following clinics and health programs and/or Physicians:

\_\_\_\_\_

\_\_\_\_\_ Juvenile and/or Dependency Court of \_\_\_\_\_ County.

\_\_\_\_\_ The following School(s) \_\_\_\_\_

\_\_\_\_\_ Other:(for the purpose of transferring and sharing information)

\_\_\_\_\_ My dependents covered by this release are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I hereby release the Yurok Tribe and its agents and employees from any/all liabilities, responsibilities, damages and claims which might result from release of information authorized above.

\_\_\_\_\_ I understand that the above consents are subject to revocation by me at any time, except to the extent that action has already been taken in reliance on this consent prior to revocation.

Verbal Authorization Given:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This release will be in effect for one year from the date signed unless terminated earlier at the request of the client.**

#### YOU HAVE THE RIGHT TO APPEAL

The Yurok Tribal TANF Program has an interest in assuring its Program is administered, implemented and enforced non-discriminately and consistent with basic principles of justice and fairness. To that end, all applicants, or recipients of services and financial assistance, have the right to appeal all decisions made by the program that affects services or assistance provided to the applicant or recipient. You may submit your request for a hearing before the Program Manager or designee. The request must be in writing and must be made within 10 working days from the date the Notice of Action. (NOA) The request must be signed and dated.