



COUNTY OF MARIN  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF SOCIAL SERVICES, EMPLOYMENT AND TRAINING BRANCH  
**GENERAL RELIEF PROGRAM**

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ hereby authorize the Division of Social Services to exchange information contained in my case file with the following people and agencies:

	Marin County Drug Court		Homeward Bound of Marin
	Helen Vine Detox Center		Marin Housing Authority
	Center Point		Marin Services for Men
	Bay Area Community Resources		Marin Community Clinics
	Bucklew Programs		Center for Domestic Peace
	Canal Alliance		North Marin Community Services
	CareerPoint MARIN		Probation/Parole Officer
	Community Action Marin		Ritter Center
	Marin Treatment Center		RotaCare
	Ecumenical Association for Housing		Social Security Administration
	Veteran's Administration		State Department of Rehabilitation
	Other:	Phone:	

The exchange of information will be used to assist in:

- Determining and verifying my eligibility for General Relief.
- Making Referrals to community-based organizations.
- Authorizing a Representative.

This release is valid for one year from the date signed, unless I revoke in writing.

Signature:		Date:	
Address:		City, Zip:	

I, \_\_\_\_\_ **DECLINE** to authorize the Division of Social Services to exchange information contained in my case file.

Signature:		Date:	
Address:		City, Zip:	

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON ADVANCE REQUEST TO INDIVIDUALS WITH DISABILITIES.

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