

# United Way of Forsyth County Assistance Network

## Shared Case Management Software – CharityTracker

### RELEASE OF INFORMATION (ROI)

Client's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_  
mm / dd / yyyy Phone: \_\_\_\_\_

The **United Way of Forsyth County Assistance Network**, hereinafter referred to as "CharityTracker", utilizes Charity Tracker, a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. United Way of Forsyth County (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including \_\_\_\_\_ (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

| <u>Household/Dependents</u> | <u>Relationship</u> | <u>Date of Birth</u> | <u>Social Security Number</u> |
|-----------------------------|---------------------|----------------------|-------------------------------|
| _____                       | _____               | _____                | _____                         |
| _____                       | _____               | _____                | _____                         |
| _____                       | _____               | _____                | _____                         |
| _____                       | _____               | _____                | _____                         |
| _____                       | _____               | _____                | _____                         |
| _____                       | _____               | _____                | _____                         |

I authorize \_\_\_\_\_, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize \_\_\_\_\_ (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies or refer to other agencies as deemed appropriate.

|   |                                 |
|---|---------------------------------|
| <u>X</u>  | <u>X</u>                        |
| Client and/or Parent-Legal Guardian's Authorizing Signature | Agency Representative Signature |
| _____   | _____                           |
| Date  | Date                            |