



TOWN OF CONWAY

1634 EAST MAIN ST. • CTR. CONWAY, NEW HAMPSHIRE 03813

(603) 447-3811
WWW.CONWAYNH.ORG

Releases of Information

- Your information is confidential. That means we do not discuss your situation without written permission except, for example, when you are believed to be a danger to yourself or to others.
- The attached forms need to be signed by all adults listed on the application so we can communicate with respective agencies about case eligibility.
- You will notice differences between them such as time periods; some are good for 6 months, some for a year, some for whatever time period you specify.
- Releases of Information can be withdrawn at any time, in writing.
- They generally allow us to give AND receive information by all forms of communication such as in person, over the phone, via postal mail, email or fax for a specific time period.
- The Town of Conway release has space for you to exclude any individual, piece of information or agency you prefer us not to communicate with.
- Keep in mind that failing to sign these documents will severely limit our service to you and may result in a delay or denial until YOU are able to assist us in making a justifiable eligibility determination.

Enclosed you will find release forms for the following agencies:

- Town of Conway
- Department of Health and Human Services
- Tri County Community Action Program
- Starting Point: Must be done with them
- Social Security, NH Employment Security: If appropriate, can do at your appointment.

Please submit this packet with your completed application and supporting documents.



TOWN OF CONWAY

1634 EAST MAIN ST. • CTR. CONWAY, NEW HAMPSHIRE 03813

(603) 447-3811
WWW.CONWAYNH.ORG

APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

- I/We, _____, authorize any relative, physician, pharmacist, lawyer, banker, employer, insurance company, landlord (which shall include owner/manager of hotel, motel or other temporary housing), mental health professional, school official, utility company, church group, or other person or organization having information concerning my/our circumstances to furnish such information to the Municipal General Assistance Department. I/We also authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Division of Adult and Elderly, Division of Child Support, New Hampshire Legal Assistance, any City/Town Welfare Department, shelter, Department of Employment Security, Veteran's Administration, Fuel Assistance, Homeless Outreach, Tri-County Cap, local or state police, or any non-profit agency to release information from their files to the Municipal Welfare Department.
- I hereby authorize the Town of Conway General Assistance Officer to receive information from the above-mentioned persons or agencies either by telephone, email, post office mail or fax, and to give information to them, if requested, to assist the Town in its determination of my eligibility for general assistance.
- This authorization shall remain effective for one year from the date given below unless otherwise indicated in the comments.

Comments: _____

Applicant Signature

Date

Spouse or Co-applicant Signature

Date

Signature of person completing form (if not applicant); Relationship to applicant

Date: _____

Authorization to Release Information

Printed Name of Person to Whom the Release of Information Pertains

Case #, RID #, or MID #, if known

I hereby authorize and request:

Name and Address of
Individual or Agency
Providing the Information:

NH DHHS-All Programs and Divisions

to provide the following information: Case Detailed Information

to:

Name and Address of
Individual or Agency
Receiving the Information:

Town of Conway General Assistance Office
BJ Parker and staff appointed to act in her absence
1634 East Main Street
Center Conway, NH 03813

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named. **This authorization expires 12-months from the date this form is signed.**

Information released cannot be re-released by the receiving individual/agency without additional authorization.

(Signature)

(Date)

(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

(Relationship)

(Witness)

(Date)



Tri County Community Action Programs, Inc.
FUEL & ELECTRIC ASSISTANCE PROGRAMS
448A White Mountain Hwy, Tamworth, NH 03886
Phone (603) 323-7400 ~Fax (603) 323-7411

Date: _____

INFORMATION RELEASE FORM

I give permission for the Tri-County Community Action Program, of Tamworth NH to obtain/release any information from respective town agencies, employers, other (including state) agencies or companies necessary to the agency for the assistance I am seeking. Said permission is

valid for 365 days.

Seeking help for: Fuel Assistance, EAP, NHAI, Project Care, Weatherization, HO...

Release information to: B.G. Parker, GAO for Conway & H.
acting GAO

Signature: _____
(Client)

Signature: B.G. Parker, Conway GAO
(Agency representative)

Client Address: _____

Phone Number: _____