DISCLOSURE STATEMENT

CLIENT NAME:				
	LAST		FIRST	MIDDLE
DATE OF BIRTH:			· · · · · · · · · · · · · · · · · · ·	
Tenancy at Canal Commons depends on participation in the ESSHI Program. Consent to share information between Providence Housing and East House is needed for payment of rental subsidy and participation in the program. Extent or nature of disclosure is limited to:				
Dates in Progr	ment of rent, l ram come & Assets		ons, etc.)	
Permission is hereby given to Providence Housing Development Corporation as Managing Agent of Canal Commons:				
Release information to: East House				
Obtain information from: East House				
I, the undersigned, have read the above and authorize staff at the facility named to disclose such information as indicated. I understand disclosure is bound to Title 42 of Federal Code governing confidentiality of client records and that redisclosure of this information to any part other than indicated above is prohibited without additional written authorization by me.				
Client Signature		Date	Witness Signature	Date
Parent/Guardiar	1	Date		