



**W.I.S.H.**  
WE IMAGINE STABLE HOUSING

## Enrollment Referral and Release of Information

Youth/Young Adult (YYA) Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

YYA Phone Number: \_\_\_\_\_ YYA Email: \_\_\_\_\_

The purpose of the sharing of this information is to: Enroll in the Butler County W.I.S.H Program. I, the undersigned, hereby authorize and consent to the release to share information with the Butler County Family and Children First Council, Butler County Educational Service Center (BCESC), and the:

<i>If applicable</i> Referring Agency:		Name of Person Referring Youth:
Phone:	Email:	Length of Involvement:

Information to be shared may include (but is not limited to):

- Identifying information:** name, birth date, gender, race, address, email, and telephone number.
- Name & contact information for agencies and individuals providing services to the youth/family.
- Case Plan docs: Youth/Family Service Plans, Medical Records, Psychological Evaluations, School Records (attendance, grades, etc.), Social History, Treatment/service History, Transition Plans, Vocational Assessments, and other pertinent personal information regarding the individual named above.
- Services are partially funded by a grant from the department of Housing and Urban Development (HUD), COHHIO, and the Butler County Family & Children First Council (aggregate demographic data and program outcomes will be shared in reports to funders and in an annual community report.

**I understand that the Enrollment Release of Information form expires upon W.I.S.H. program case closure and I may cancel this at any time by providing written notice, which includes guardian name, the name of the youth being served and the effective date. Revocation of the release does not include any information, which was shared between the time that the release was signed and the receipt of the written notice to revoke.**

I understand that my signing or refusing to sign this consent will not affect public benefits or services for which I am eligible.

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Guardian/YYA Signature

Date

Witness

Date

*Re-Release of information beyond that allowed by this consent is not permitted.*