



**Consent for Release of Information**

Parent A Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent B Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**I hereby give permission for the following information to be exchanged between Christian Family Care’s Foster Care program and Christian Family Care’s STRONG Families program for the purpose of completing the STRONG Families application process.**

**Below is a list of the information that we will be shared:**

- Application to Christian Family Care
- Testimony and Pastor’s Reference
- Fingerprint Clearance Cards, Criminal History Affidavit, Driver’s License, Vehicle Insurance, and references.
- Training history
- Completed Foster Care Home study
- Notification of Foster Care Licensing

This release is valid from \_\_\_\_\_ to \_\_\_\_\_ (Maximum of one year).

I understand that this permission may be revoked at any time in writing. The revocation will be effective except to the extent that action based on this authorization has already been taken.

Notice to Recipient: This information has been disclosed to you from records that Federal law protects. These records are not subject to re-disclosure. Federal regulations (42 CFR Part 2) prohibit you from making further disclosure of Substance Abuse information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

\_\_\_\_\_  
Parent A Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent B Signature

\_\_\_\_\_  
Date