



## Release of Information for OLHSA's Grandparents Raising Grandchildren Program

I \_\_\_\_\_ understand that the confidential information I am providing on my Grandparents Raising Grandchildren Intake and my Household Demographics forms will be used for state and federal reporting requirements, program management, quality assurance, public safety, and research. No other use of personal identifying information on this form is intended unless I authorize it or a court orders it.

I certify that all information on the Intake and Household Demographics forms is true and correct realizing misrepresentation is illegal, violations will be pursued and result in immediate program termination. I hereby release any information on these documents to agencies to which I may be referred.

Mark One:

I declare that I am a person 55 years or older. \_\_\_\_\_

I declare that I am a person under age 55. \_\_\_\_\_

As a recipient of an Oakland Livingston Human Service Agency (OLHSA) program funded in part by the Area Agency on Aging 1-B (AAA1-B) funds, I give my consent to release information about myself, which may be necessary to secure services, follow-up assistance, and that emergency information can be shared and/or emergency contacts notified in the event of an emergency. I give my consent to have my demographic data reported to the National Aging Program Information System (NAPIS) if applicable. I understand that this information will only be released to an appropriate management person, applicable funding source representative, or emergency contact while I am a client of an OLHSA program. I understand that my name and contact information will be supplied to the staff or volunteers by email in order for them to provide services to me. I hereby fully indemnify and hold harmless the OLHSA Board, Staff, Administration, AAA1-B, and assigns from any and all expenses and liability of any kind which may arise out of or in connection with the performance of OLHSA'S Program.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, city, state, zip code

\_\_\_\_\_  
phone number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Participant/Proxy Signature

mv/lbg/10-15-2020