



# North Carolina Coalition

securing resources ■ encouraging public dialogue ■ advocating for public policy change

## to End Homelessness

P.O. Box 27692 Raleigh, NC 27611

info@ncceh.org

www.ncceh.org

919.755.4393

### CLIENT CONSENT FOR RELEASE OF INFORMATION

Some of North Carolina's Adult Care Homes, also called Rest Homes and Assisted Living facilities, are undergoing transitions that may result in the homelessness of former residents. I understand the agencies listed below are trying to increase housing resources and services in North Carolina. I consent to providing the agencies below the information provided on the Adult Care Home Discharges form, including my name and date of birth, in order to help these agencies better understand the need for services and housing and better advocate for increased resources in North Carolina.

I, \_\_\_\_\_,  
(Full Name)

give \_\_\_\_\_  
(Agency Name)

permission to share the information provided on the Former Adult Care Home Resident form, including my name and date of birth, with the agencies listed below:

N.C. Department of Health and Human Services;  
N.C. Coalition to End Homelessness; and  
Disability Rights North Carolina.

I understand I have the right to cancel my permission to give my name and date of birth to the agencies listed above at any time. My authorization to release my name and date of birth to the agencies above will expire one year from today's date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date