

I, \_\_\_\_\_, understand that by my signature I am authorizing the

Department of Children & Families (DCF) to release limited case information to

OASIS 1825 Hurlburt Rd Unit 13 Fort Walton Beach, FL 32547

and its representatives. This release is made to my Ryan White case manager,

\_\_\_\_\_, in their role as a DCF Community Platinum Partner  
Print Case Manager's Name

and shall be used solely to fulfill their obligation in assisting me with the application I filed with

DCF on \_\_\_\_\_. Information to be released is limited to:

- Status of application (approved, denied, enrolled or pending)
- Reason for closure or denial
- Scheduled interview dates and times
- Verifications requested and dates due
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No additional information shall be provided to the Platinum Partner without my specific written consent. This authorization expires ninety (90) days following the disposition of the above mentioned application.

Dated: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Client: \_\_\_\_\_

Print Name of Client: \_\_\_\_\_

DOB of Client: \_\_\_\_\_ Client ID#: \_\_\_\_\_

Signature of Case Manager: \_\_\_\_\_

Date case manager entered ACCESS FL database for above client: \_\_\_\_\_