



Jennings County United Way Assistance Network Shared Case Management Software - CharityTracker RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Date of Birth: _____ **SSN:** _____

mm / dd / yyyy

Phone: _____

The **Jennings County United Way Assistance Network**, hereinafter referred to as "CharityTracker", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Jennings County United Way (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Jennings County United Way (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<u>Dependent's Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize Jennings County United Way , as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Jennings County United Way (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

<p>X _____ Client and/or Parent-Legal Guardian's Authorizing Signature</p>	<p>X _____ Agency Representative Signature</p>
<p>_____ Date</p>	<p>_____ Date</p>

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from it's expiration date.

United Way Day of Caring Project Information – complete both sides

Agency/Home Owner's Name _____

Address of job site (if different from reverse) _____

Do you own the home? yes No. Do you have homeowner's insurance? yes No

Do you rent the home? yes No. Do you have renter's insurance? yes No

Organization if referral _____ Contact Person _____

e-mail address _____ Phone- _____

Driving Directions to site- _____

What needs in home/agency would you like to see a Day of Caring address? *Please list most urgent needs first.*

What materials or funds are you able to provide to help offset the cost of this project? _____

What else do you want us to know? _____

Hold harmless agreement

I agree to hold harmless United Way; it's volunteers, and staff for any and all accidents or damage that might occur during Day of Caring. I further agree to save, hold harmless and indemnify all those associated with Day of Caring from any and all liability, which results in damage, injury or death, which may occur surrounding participation in Day of Caring.

Signature _____ Date _____