



A 501(c)3 Non-Profit Organization
Break the Cycle and Reverse the Trend of
Homelessness
P.O. Box 860277, Wahiawa 96786
www.achievezero.org

Achieve Zero

Authorization to Obtain/Release Confidential Information From/To Achieve Zero

I, _____ hereby authorize and request that Achieve Zero
(Client's Name)
may obtain/release confidential data from the appropriate agency regarding:

- Circumstances of homelessness
- Assessments of health and mental health status
- Current or previous social, health, or mental health services received
- Housing status, housing challenges/barriers and accomplishments
- Other relevant personal financial, legal information

This information will be used solely for the purpose of screening, intake, assessment, referral and/or placement into an appropriate supportive service and ongoing case management and will be kept confidential.

I understand that I may revoke this consent at any time by informing the appropriate agencies.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Client Signature

Date

Achieve Zero Staff Signature

Date