Client Consent and Release of Information

MID AMERICA ASSISTANCE COALITION

I hereby grant my permission to _____ (Participating Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is used by other agencies for the purposes of:

1) Accurately assessing the needs of low-income, homeless or other special-needs individuals in order to better assist them in improving their current or future situations.

2) Improving the quality of care and service for those in need in addition to coordinating services between participating agencies.

3) Tracking the effectiveness of efforts to meet the needs of the people who have received assistance.

4) Reporting demographic data on an aggregate level that is not individually identified.

All Agency Representatives who use the MAACLink system have been specially trained in confidentiality measures and have signed Statements of Confidentiality.

My information may be shared with a third party (utility provider, landlord, etc) in order to process the service I have requested.

Signing this release form does not guarantee that I will receive assistance.

☐ (Optional) Check this box to give consent for your photo to be uploaded to MAACLink.

Client Name (Printed)	Client Signature	Date

Agency Representative Name (Printed)	Agency Representative Signature	Date

Agency Representative:

☐ Check this box if you are unable to obtain the client's signature and verbal consent was given in its place.

Each MAACLink agency will ask you to sign this form at least annually. If after you give consent you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on _____ or one year from the date you sign and date this form.