

## PERMISSION TO RELEASE DOMESTIC ABUSE INFORMATION WHEN MOVING TO ANOTHER COUNTY

|                    |                      |  |
|--------------------|----------------------|--|
| PARTICIPANT'S NAME | CALWORKS CASE NUMBER | CALIFORNIA IDENTIFICATION NUMBER (CIN) |
|--------------------|----------------------|--|

If you move, you may want the new county to know about your domestic abuse waiver or services. This will help the new county get you the services and welfare-to-work plan you need. This form tells us whether you want to do this.

### I understand that:

I do not have to give others information about my domestic abuse situation, but I can volunteer this information whenever I want.

If I do not sign the release and if I move, \_\_\_\_\_ county will not forward any domestic abuse information, including my waiver, to the new county. I would then need to tell the new county about my domestic abuse if I want to get services or a waiver.

- Everyone in the new county must keep all the information confidential. This means it cannot be given to third parties.

### MY CHOICE

I agree \_\_\_\_\_ County Welfare Department can give the following domestic abuse information if I move to another county:

- A copy of any domestic abuse waiver
- Information about my domestic abuse services
- Other: \_\_\_\_\_

I **do not** want the following information released:

- Address
- Telephone number
- Employment information
- My children's school information
- Other: \_\_\_\_\_

I **do not** want **any** information released.

### Please initial below:

I have read this form (*or had it read to me*) after it was completed and before I signed it.

I can cancel this form at any time.

My release ends one year from the date I sign this form, or when my domestic abuse waiver ends, if I do not cancel the form earlier.

### Please check one:

Yes, I do want a copy of this form at this time.

o, I do not want a copy of this form at this time. I can get a copy any time I ask.

|                         |              |
|-------------------------|--------------|
| PARTICIPANT'S SIGNATURE | TODAY'S DATE |
|-------------------------|--------------|

### REFUSAL/CANCELLATION OF RELEASE:

I do not want \_\_\_\_\_ County to give information about my domestic abuse to a new county if I move.

|                         |              |
|-------------------------|--------------|
| PARTICIPANT'S SIGNATURE | TODAY'S DATE |
|-------------------------|--------------|