



EXHIBIT C3 – CLIENT RELEASE OF INFORMATION FORM

INSTRUCTIONS TO THE PROVIDER: The client is requested to read and sign the client rights portion of this form. The provider is required to inform each client of sections I-VIII of this form and the purpose for each, requesting the client initial each applicable section.

Client Initials

I. SOCIAL SECURITY NUMBER DISCLOSURE

[Empty box for initial]

I hereby agree to provide my social security number(s) to the Florida Department of Children and Families(DCF)/Refugee Service Program, though I understand I am not required to do so under the law. I further authorize the Florida Department of Children and Families/Refugee Services Program to use my social security number(s) for identity, income, employment and eligibility verification, as well as other purposes related to the administration of DCF programs.

II. SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) DISCLOSURE

[Empty box for initial]

I hereby authorize the release of Department of Homeland Security data pertinent to my immigration status to the Florida Department of Children and Families/Refugee Services Program and The School Board of Miami Dade County, Florida to access federal public benefits and/or Refugee Services-funded services.

III. PROTECTED HEALTH INFORMATION (PHI) DISCLOSURE

[Empty box for initial]

I hereby authorize the release of my PHI to the Florida Department of Children and Families/Refugee Services Program for the purpose of determining eligibility for services or special exemption from program requirements.

IV. FINANCIAL INFORMATION DISCLOSURE

[Empty box for initial]

I hereby authorize the release of my financial information to the Florida Department of Children and Families/Refugee Services Program for the purpose of determining eligibility for services, employment outcomes and/or economic statistics.

V. EMPLOYMENT OUTCOME DISCLOSURE INFORMATION

[Empty box for initial]

I hereby authorize the release of my employment information to the Florida Department of Children and Families/Refugee Services Program, for the purpose of verifying employment and determining the outcome of employment services. This data may include but is not limited to, Employee Information (Name, Date of Birth and Social Security Number), Employer Information, Employment Information (Job Title, Most recent Start Date, and Termination Date, if applicable), and Salary/Benefits Information (Rate of Pay, Average Hours per Pay Period, Wages, Access to Health Insurance, etc.).

VI. CONTACT INFORMATION DISCLOSURE FOR CONDUCTING A SURVEY

[Empty box for initial]

I hereby authorize the release of my contact information: Full Name, Local Address, Cell/Home Phone Number, and Email address to the vendor approved by the Florida Department of Children and Families/Refugee Services Program for the purpose of conducting a survey to rate my refugee experience and generally assess refugee needs.

VII. CONTACT INFORMATION DISCLOSURE FROM ADULT EDUCATION SERVICE PROVIDERS

[Empty box for initial]

I hereby authorize the release of the following information: Full Name, Local Address, Cell/Home Phone Number, Email address, Adult Education test scores, Documentation of Vocational Program Completion, and ESOL level by the Florida Department of Children and Families/Refugee Services Program and the Refugee Services funded Adult Education provider to the Refugee Services funded Employment service provider so they can contact me to explain the employment and vocational training I might be eligible to receive.

VIII. CONTACT INFORMATION DISCLOSURE FROM EMPLOYMENT SERVICE PROVIDERS

[Empty box for initial]

I hereby authorize the release of the following information: Full Name, Local Address, Cell/Home Phone Number, Email address, and Test scores, if applicable, by the Florida Department of Children and Families/Refugee Services Program and the Refugee Services funded Employment service provider to the Refugee Services funded Adult Education provider so they can contact me to explain the educational services I might be eligible to receive.

CLIENT RIGHTS

- I have the right to revoke this authorization at any time by writing to the Florida Department of Children and Families/Refugee Services Program and The School Board of Miami Dade County.
I understand that signing this authorization is voluntary and my treatment, payment, enrollment, or eligibility for benefits is not contingent upon my authorization of this disclosure.
I understand that information disclosed under this authorization may be re-disclosed by the recipient, and this re-disclosure may no longer be protected by federal or state law.
The Florida Department of Children and Families/Refugee Services Program and The School Board of Miami Dade County will give me a copy of this form upon my request.
I understand that this authorization will expire at the conclusion of my Refugee Services eligibility period (5 years from date of entry) unless I specify a different date.
My signature below indicates that I have read this form entirely, had the opportunity to ask questions, and authorize the use of a copy of this form for the disclosure of the information described above.

Client Name

Client Signature

Date

Provider Use Only: I have explained this form and its purpose to the client and the client has refused to sign.

Provider Signature

Date