

Superstorm Sandy Social Services Block Grant Consent and Release for Non-public, Personal Information

Instructions

The applicant must fill out the Consent and Release form in order to allow the (Lead Agency name) to request, review, and/or share certain non-public, personal information related to the applicant or organization requesting funding from the Superstorm Sandy Social Services Block Grant (SSBG). The information requested below is required in order to further process the application and otherwise determine eligibility for assistance.

The applicant may revoke or end the consent under this form at any time, as indicated below. However, doing so may affect the (Lead Agency's) ability to process the SSBG application your ability to receive any assistance.

Consent and Release

I, _____ (Applicant), do hereby consent to, and authorize, the (Lead Agency) to request, review, and/or share any and all information received with respect to my application for the SSBG Program ("Non-public, Personal Information" or "NPI"), whether provided by me or by a third-party with whom I may or may not have a relationship, as needed, to determine my eligibility for the SSBG Program and otherwise process the amount of assistance under the SSBG Program. I understand and acknowledge that the (Lead Agency) may obtain, use and disclose any NPI it receives with certain third-parties (including certain financial institutions, insurers, other government agencies and credit bureaus) in connection with its processing of my application and determination of eligibility for assistance under the SSBG Program.

I agree to hold the (Lead Agency) and its agents/partners/affiliates/contractors harmless from and against all claims, actions, suits or other proceedings, and any and all losses, judgments, damages, expenses or other costs (including reasonable counsel fees and disbursements), arising from or in any way relating to any disclosure of my NPI.

As part of this Consent, I further authorize the (Lead Agency) and any other financial institution, lender, insurer, government agency (federal or state), credit bureau, financial service provider or any other third-party to obtain, use and disclose any of my NPI in their possession, as necessary or desirable, in the sole discretion of the (Lead Agency) to administer the SSBG Program and process my application.

I understand that I may revoke or terminate this Consent and Release at any time by giving written notice to the (Lead Agency). I further understand and acknowledge that any such revocation (ending) of this Consent may affect my ability to receive assistance under the SSBG Program.

By completing and signing this form, I acknowledge and agree to the above.

Applicant / Owner / Occupant Name
(Printed)

Applicant / Owner / Occupant Name
(Signature)

Date

Applicant / Owner / Occupant Name
(Printed)

Applicant / Owner / Occupant Name
(Signature)

Date

Name of your Organization

Phone #

Name of your Insurance provider and policy #