





STATE OF NEW JERSEY  
 DEPARTMENT OF HUMAN SERVICES  
 DIVISION OF FAMILY DEVELOPMENT  
 OFFICE OF CHILD CARE

**MCKINNEY-VENTO SERVICE PROVIDER REFERRAL & AUTHORIZATION FOR RELEASE OF INFORMATION**

Applicant Name:		Date of Birth:
Co-Applicant Name:		Date of Birth:
<i>Use a copy of this form to provide information for additional children.</i>		
Child Name:	Date of Birth:	SSN:
Child Name:	Date of Birth:	SSN:
Current Address:		

*I, or my approved agent, ask that my information be shared only in the way this form describes.*

*I understand that:*

1. If I place my initials on the line in item 8(b), I consent to the release of information listed in 8(a).
2. I have the right to cancel this authorization at any time by writing to the Service Provider listed below. I understand that I may cancel this authorization except to the extent that information has already been shared based on this approval.
3. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a child care program, or eligibility for benefits will not be conditioned upon my authorization of this release.
4. Information disclosed under this authorization will be protected by federal or state law.
5. **THIS AUTHORIZATION DOES NOT ALLOW THE SERVICE PROVIDER OR ITS REPRESENTATIVES TO DISCUSS MY INFORMATION WITH ANYONE OTHER THAN THE CCR&R AGENCY SPECIFIED IN ITEM 7.**

<b>6. Name and address of entity to release this information:</b>	
<b>7. Name and address of person(s) to whom this information will be sent, discussed, and/or shared:</b>	
<b>8 (a). Specific information to be released if available:</b>	
<input type="checkbox"/> Child(ren) Social Security Number(s) <input type="checkbox"/> Child(ren) Age/Citizenship Documentation (i.e. Birth Certificate(s), Permanent Resident Card(s)) <input type="checkbox"/> Child(ren) Disability Documentation	
<b>(b). By initialing here _____, I authorize _____ to discuss my family's information with the Child Care Resource and Referral (CCR&amp;R) agency listed here:</b>	
<b>9. Reason for release of information:</b>	<b>10. Date or event on which this approval will expire: 12 months from date of signature or 90 days after termination</b>
<input type="checkbox"/> At request of individual: <input type="checkbox"/> Other:	
<b>11. If not the applicant, name of person signing form:</b>	<b>12. Authority to sign on behalf of applicant:</b>