

## PATHWAY HOME HOST FAMILY AUTHORIZATION FOR CLEARANCES AND RELEASE OF INFORMATION

<b><u>Primary Occupant (Print Name):</u></b>	<b><u>Social Security Number:</u></b>
<b><u>Primary Occupant Address:</u></b>	

### AUTHORIZATION FOR STATE CENTRAL REGISTER CLEARANCE AND ACS RECORD REVIEW

By signing this form, I voluntarily consent for the New York City Administration for Children's Services (ACS) to conduct a clearance of my name with the New York State Central Register of Child Abuse and Maltreatment (SCR). I further consent for ACS to conduct a review of records ACS maintains under my name and the name(s) of my child(ren), including child protective services (CPS) records, foster care records, and preventive services records. I understand that ACS will provide such clearance and records information to the New York City Department of Homeless Services (DHS).

### HOST FAMILY INFORMATION (INCLUDE ALL NAMES YOU ARE OR HAVE BEEN KNOWN BY)

	<b><u>First Name</u></b>	<b><u>Last Name</u></b>	<b><u>Relationship to Primary Occupant</u></b>	<b><u>Gender</u></b>	<b><u>DOB</u></b>
1.			Self		
2.					
3.					
4.					
5.					
6.					
7.					

### AUTHORIZATION FOR RELEASE OF INFORMATION RELATED TO SCR CLEARANCE, ACS RECORDS AND PUBLIC ASSISTANCE

In connection with my participation in the Pathway Home (PH) Program, I authorize the New York City Human Resources Administration (HRA), ACS, and DHS to disclose information as set forth on this form:

In accordance with federal and New York State law, I understand that:

1. The confidentiality of my records and those of my children is protected under federal and/or state law and regulations.
2. Signing this authorization is voluntary. My cash assistance application, eligibility, or continued receipt of benefits is not conditioned upon my authorization of this disclosure.
3. I understand that any confidential information disclosed based on this authorization may be re-disclosed by the recipient and the confidentiality of such information may no longer be protected by federal or state law.
4. I authorize the release of the following information:

- ☐ the status of my cash assistance case, if any;
- ☐ my cash assistance case number, if any;
- ☐ the amount of my monthly cash assistance shelter allowance, if any;
- ☐ information contained in records ACS maintains under my name and the name(s) of my child(ren), including child protective services (CPS) records, foster care records, preventive services records; and
- ☐ the existence of any indicated (i.e., substantiated) reports of child abuse or maltreatment for which I am the subject and information related to any such reports.

5. I authorize HRA, ACS, and/or DHS to release the above referenced information to \_\_\_\_\_.  
(PH Program Applicant)

6. I have the right to revoke this authorization at any time by writing to:

PH Rental Assistance Program  
NYC Human Resources Administration  
150 Greenwich Street, 36th Floor  
New York, NY 10007

I understand that I may revoke this authorization except to the extent that: (1) action has already been taken based on this authorization or (2) the information negatively affects the applicant and the agencies need to use the information to defend an administrative appeal by the applicant and any resulting litigation.

7. I consent for ACS and ACS provider agencies to access my home on all active ACS cases.

8. I understand that this authorization will expire at the conclusion of the above-identified PH Program Applicant's participation in the PH program or when the PH Program Applicant moves out of my home, whichever is earlier, except that where the information negatively affects the applicant and the agencies need to use the information to defend an administrative appeal by the applicant and any resulting litigation, the expiration shall not expire until the conclusion of such appeal and resulting litigation.

**I affirm that all information provided above is accurate and true.**

_____ Signature of Primary Occupant	Date: _____
_____ Signature of Occupant Eighteen Years Old or Over	Date: _____
_____ Signature of Occupant Eighteen Years Old or Over	Date: _____
_____ Signature of Occupant Eighteen Years Old or Over	Date: _____