OlyCAP

228 W 1st St., Ste J,
Port Angeles, WA 98362
Phone: (360) 452-4726
Fax: (360) 457-4331
E-mail: energyassistance@olycap.org

Authorization for Release of Information

OlyCAP is a contracted assisting agency with the Department of Social and Health Services. We would like your permission to access some of the information DSHS keeps electronically about you. We are committed to protecting your privacy and, if you give permission, we will be able to see the following limited information:

1. Basic demographic information including name and how many recipients are in your household

2. Verification of the type of assistance your household receives such as Cash, Basic Food, and Medical.

3. The amount of money your household receives for each benefit type and certification periods.

4. A list of the benefits your household received in the past 3 months.

5. Your household's earned and unearned income.

If you give your authorization, your consent is valid for one year. You may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared. I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS. A copy of this form is valid to give my permission to share records.

If you do not give your authorization for OlyCAP to view the listed information, additional information will be needed from you and you may not qualify for this program.

By signing this form, you give your authorization to access the information listed.

Printed Name: _____

Signature: _____

Date: _____