



Barrier Busters Network

Authorization to Release Information

I, _____ hereby authorize the Agencies,
(Print Name)

Organizations and/or Persons listed on the following page, as well as future agencies that sign onto a Barrier Busters Membership Agreement, to disclose the following information about me (if consent is obtained by phone, a list of participating agencies may be provided to the applicant upon request): name, support needs, and any additional information necessary to substantiate a Barrier Buster Unmet Needs Fund request. I understand that this information will be available to Barrier Busters member agencies in the form of a shared electronic database.

I understand that the purpose of this disclosure is to ensure best coordination of support and to enable the Barrier Buster Network to conduct its own internal evaluation. I also understand this consent is valid for two years from the date signed.

Per in-person visit on the ____ (day) of _____ (month), 2009/2010, the above named Barrier Buster Unmet Needs Fund applicant gave consent to the release of information as detailed above.

Per phone conversation on the ____ (day) of _____ (month), 2009/2010, the above named Barrier Buster Unmet Needs Fund applicant gave consent to the release of information as detailed above.

Applicant requests list of Barrier Buster member agencies.

Applicant Signature Date

Witness Signature Date

Second Witness Signature (Necessary only if consent is obtained by phone) Date

****Applicant:** Please direct questions to the case manager or the individual providing release. Barrier Busters is a collaboration of the agencies listed on the following page; the Emergency Unmet Needs Fund is accessible only through a member agency.

Barrier Busters, please remind the client that this Release of Information is valid for two (2) years after date signed.



Barrier Busters Network

Member Agencies (updated bi-monthly):

- 211 Regional Call Center
 - American Red Cross - Washtenaw County
 - Ann Arbor Center for Independent Living
 - Association for Community Advocacy - Washtenaw
 - Avalon Housing
 - B&B Payee Services
 - Catholic Social Services
 - Child Care Network
 - Community Action Network
 - Community Supports and Treatment Services (CSTS)
 - The Corner Health Center
 - Dawn Farm
 - Department of Human Services - Washtenaw County (DHS)
 - Education Project for Homeless Youth
 - Employment Training and Community Services (ETCS)
 - Faith in Action
 - Friends in Deed
 - Habitat for Humanity of Huron Valley
 - Hemophilia Foundation of Michigan
 - HIV/AIDS Resource Center (HARC)
 - Home of New Vision
 - Hope Clinic
 - Housing Bureau for Seniors
 - Interfaith Hospitality Network - Alpha House
 - Jewish Family Services
 - Judson Center
 - Legal Services of South Central Michigan
 - Michigan Ability Partners
 - MSU Extension Service
 - Neighborhood Senior Services
 - Northfield Human Services
 - Ozone House
 - Packard Health Clinic
 - Peace Neighborhood Center
 - Personalized Nursing Light House
 - POWER, Inc.
 - Project Outreach (PORT) -CSTS
 - Public Health Dept. of Washtenaw County
 - SafeHouse Center/ Domestic Violence Project
 - Salvation Army of Washtenaw County
 - Shelter Association of Washtenaw
 - SOS Community Services
 - St. Joseph Mercy Neighborhood Health Clinic/Academic Internal Medicine
 - St. Joseph Mercy - Senior Health Services
 - Treasurer's Office of Washtenaw County
 - UM Law School Pediatric Advocacy Initiative
 - UM Social Work
 - UM - Turner Geriatric Clinic
 - Veteran Services - Washtenaw County
 - Washtenaw Community Health Organization
 - Washtenaw County - Community Development
 - Washtenaw Community College
 - Washtenaw Health Plan
 - Washtenaw Housing Alliance
 - The Women's Center of Southeast Michigan
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