



# Pechanga Tribal TANF Program

P.O. Box 1477 • Temecula, CA 92593 • Telephone (951) 770-6000

## AUTHORIZATION TO RELEASE INFORMATION

I understand that the Pechanga Tribal TANF (Tribal Assistance to Native Families) program is funded by state and federal agencies that require strict compliance with applicable state and federal laws. I also understand the Pechanga Tribal TANF policies require confirmation and documentation of certain activities to maintain eligibility for services and assisting my family with self-sufficiency planning.

Therefore I hereby authorize all agencies which provide me with services that would normally be confidential, including but not limited to, Riverside San Bernardino Indian Health, California Indian Manpower Consortium, Indian Child and Family Services, other Tribal TANF programs, County Departments of Public Social Services, and education providers, to release such information as requested by Pechanga Tribal TANF. I understand that such information or records may have been obtained in the course of mental health, drug, or alcohol diagnoses and treatment, including domestic violence situations. Information to be released or requested includes, but is not limited to: disability educational/employment, criminal and court records, financial, social, and health information.

I understand this information will kept confidential by Pechanga Tribal TANF. I understand that the information Pechanga Tribal TANF and their contractors collect about me is confidential and will be protected. I further understand that Pechanga Tribal TANF will not share personal identifying information unless authorized by me to do so.

A copy or facsimile of this signed form is as valid as an original if provided directly by Pechanga Tribal TANF.

A Pechanga Tribal TANF representative explained this release of information to me.

If not earlier revoked, this authorization shall remain in effect as long as I am seeking or receiving benefits from Pechanga Tribal TANF.

Applicants <b>Printed Name</b> (Parent or Caretaker Relative or Authorized Representative)	Date
Applicants <b>Signature</b> (Parent or Caretaker Relative or Authorized Representative)	<b>Social Security Number</b>
TANF Caseworker Signature	Date