CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION – GRANTS

CCAI is happy to support our families in their applications for adoption grants. In order to allow CCAI to communicate with and provide information to such grant organizations, please authorize your consent below:

Adoptive Parent Name(s): _____

Date(s) of Birth: _____

☐ By checking this box, we/I authorize CCAI to release ***ANY*** information requested information to ***ANY*** adoption grant organization to which we/I choose to apply or which contacts CCAI on our behalf.

Adoptive Parent Initials _____ _____

– OR –

List *specific* grant organization(s) to which confidential information is to be released (list ALL that apply; complete a second release if necessary):

1) Agency Name _____
Contact: _____
Mailing Address: _____
Phone _____ Email Address _____
Scope of information to be released (check all that apply):
- ☐ Copy of home study (CO, FL, GA, TX, WY residents only, if outside of these states please contact your home study agency)
- ☐ Statement of fees/expenses paid and/or invoice of outstanding fees/expenses
- ☐ Letter of Good Standing
- ☐ Other (specify): _____
- ☐ ***ANY*** relevant information requested by the grant organization to support my/our application or payment

2) Agency Name _____
Contact: _____
Mailing Address: _____
Phone _____ Email Address _____
Scope of information to be released (check all that apply):
- ☐ Copy of home study (CO, FL, GA, TX, WY residents only, if outside of these states please contact your home study agency)
- ☐ Statement of fees/expenses paid and/or invoice of outstanding fees/expenses
- ☐ Letter of Good Standing
- ☐ Other (specify): _____
- ☐ ***ANY*** relevant information requested by the grant organization to support my/our application

We/I authorize CCAI to communicate with grant organizations by phone/email/mail regarding details about our/my adoption case. We/I understand that my/our consent is valid throughout the duration of the current adoption through finalization and the post placement/post adoption phase, unless otherwise specified here:

_____

We/I understand that it is our/my responsibility to comply with all conditions of any grant awarded. CCAI is not responsible for any grant organization's decisions or policies.

We/I hereby authorize the release of the above-stated confidential information effective as of the signature date(s) below. We/I understand our/my consent may be withdrawn at any time in writing.

We/I understand it is our/my responsibility to inform CCAI of the grant organizations to which we/I have applied and the information requested to support our/my grant application.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date