

Please provide information on any services that your household may receive assistance from outside of Monument Crisis center (e.g. WIC, Medi-Cal, Soc. Sec., etc.). Listing these services does not allow MCC to exchange any information with the following agencies.

<u>Service Providers Name</u>	<u>Agency</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

- I do not want to disclose the agencies I receive services from.  
 I do not receive services from any other agencies.

### **Monument Crisis Center: Authorization for Release of Information**

With regards to the information above, Monument Crisis Center can better serve you by communicating information with our partner agencies. Your authorization will allow MCC to share information with the organizations listed above in an effort to better help you. Only relevant information will be shared; all other information will remain private and confidential. All information shared is confidential and may not be disclosed outside of the organization unless authorized.

- I give authorization to Monument Crisis Center to share my information.  
 I do not give authorization to Monument Crisis Center to share my information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release Form

Please check one of the following photo release options:

- I agree that the Monument Crisis Center may use such photographs with or without my name and for any lawful purpose for internal use only (i.e. posters on bulletin board, in-house videos, etc.).
- I agree that the Monument Crisis Center may use such photographs with or without my name and for any lawful purpose for internal and public use (i.e. Facebook, Twitter, Website, Advertisement, etc.).
- I do not allow any of the following names in my household to be photographed.

---

---

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date