

## Service Provider Information Form

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

With regards to the information below, 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 below 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: \_\_\_\_\_

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.). Please include the name of your: social worker, case worker, and/or your payee for Social Security, if applicable.

<u>Service Provider's Name</u>	<u>Agency</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Collaboration with Mt. Diablo Unified School District

1. Do your children attend school within the Mt. Diablo Unified School District (MDUSD)?
 

Yes             No             Not applicable
2. If yes, which school(s) do they attend? \_\_\_\_\_
3. If no, which school district(s) are they in? \_\_\_\_\_

**Monument Crisis Center: 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.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date