

Consent for Release and Exchange of Information

Attention: Anoka County Children and Family Council IV-E Candidacy Determination
Anoka County Community Social Services and Mental Health
2100 3rd Avenue, 5th floor
Anoka, MN 55303
763-422-7110 or 763-323-6159

I give my consent for _____ to share and exchange information about:

Name _____ DOB _____

Name _____ DOB _____

With the Anoka County Community Social Services and Mental Health Department. Anoka County Community Social Services and Mental Health will review this information and determine whether or not the child named above is a Title IV-E Candidate.

If that determination is made, only the name of the child will be added to a list of Title IV-E Candidates that is shared with other agencies. This includes Anoka County Community Corrections, Anoka County Community Health and Environmental Services and the appropriate local school districts for the Anoka County area.

The information that may be released and exchanged is information about issues that cause the child to be considered at risk of being removed and the efforts being made to prevent the child from being removed from the home.

I understand the following:

- That this information will be used for making a determination regarding whether my child is a Title IV-E Candidate. This determination is being made for funding purposes for the Anoka County Children and Family Council.
- That I have the right to refuse to release this information.
- That declining to sign this release will not impact my ability to access recommended services.
- That if I refuse to release this information no private information will be shared with county social services except for mandatory reporting requirements.
- This consent will expire one year from the date of my signature.
- That I may cancel this consent at any time (not retroactive) with a written request to Attention: Anoka County Children and Family Council IV-E Candidacy Determination at the address above.

Parent/Guardian Signature Date: _____

Parent/Guardian Signature Date: _____