

FYI 2 DCFS APPLICATION | RELEASE OF INFORMATION AUTHORIZATION

(continued for additional space):

Emergency Contact Information:

Name:

Address:

Phone Number:

Referral/Agency Source

Name & relationship of person of referral source:

Agency:

Phone Number:

Email:

ILP Coordinator Name/Office:

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) to release my foster care status and share relevant personal information to the Los Angeles County Development Authority (LACDA), Department of Homeless Services & Housing (HSH), A Sense of Home (ASOH), and Intensive Case Management Services agencies (ICMS). This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client Signature:

Date:

SERVICE AGENCY OR YOUTH TO SEND COMPLETED FORM & SUBMIT QUESTIONS (email ONLY) TO:

THP-PLUS-CLOSEDCASES@DCFS.LACOUNTY.GOV

**FUP/FYI SECTION 8 VOUCHER ELIGIBILITY
(TO BE COMPLETED BY LA COUNTY DCFS SHD)**

The above mentioned client meets foster care eligibility requirement for FUP/FYI Section 8 Vouchers:

Yes:

No:

DCFS SHD STAFF NAME & TITLE

SIGNATURE

DATE