

Consent for the Release of:

Confidential Scanned Copies of Personal Identification Documents
to Alameda County Health – Home Stretch

Client Name: _____

Client Date of Birth: _____ Client Social Security Number: _____

The service provider currently helping me find permanent housing is:

Service Provider Name: _____ Name of Agency and Program: _____

E-mail Address: _____ Phone #: _____

By submitting this request, I am requesting to receive a letter verifying any of the information listed below that is available in the Alameda County Social Services Agency (SSA) system of records:

1. Social Security Number
2. Date of Birth
3. Income Verification detailing monetary benefits issued by Alameda County (ex. CalWORKs, General Assistance). For more information about applying for benefits and/or viewing existing benefit details, go to: www.benefitscal.com
4. Verification of other cash benefits that share data with Alameda County; often this includes Federal benefits, such as SSI/SSP/RSDI, unemployment, or disability benefits.

NOTE: SSA cannot guarantee the accuracy of information about benefits issued by entities other than Alameda County. Award letters directly from the entity issuing the benefit will always be most accurate.

(Optional) I would like the following information from the list above to **NOT** be included in my letter: _____

Upon request, these added details can be added to the standard verification letter. (CHECK ALL THAT APPLY):

- ☐ Other Social Services program enrollment details (CalFresh, Medi-Cal, etc.)
- ☐ Confirmation of Citizenship Status. Upon request, this detail can be added to the standard verification letter.

If there are copies of identity documents on file that can be sent with this letter, please also include (CHECK ALL THAT APPLY):

- ☐ Government issued photo ID
- ☐ Social Security Card
- ☐ Birth Certificate

I authorize the **Alameda County Social Services Agency Workforce and Benefits Administration Department** to release information requested above to me, Home Stretch staff, and to my current service provider. These documents will be used to help me obtain housing/housing resources.

This form is valid for a single request of records. A new form must be signed each time a new verification letter is needed and/or if the signature on the form is dated more than 12 months ago.

Signature of Client: _____ Date: _____

Signature of person signing form if *not* client: _____ Date: _____

Describe authority to sign on behalf of client: _____
*A Service Provider can ONLY sign on behalf of their client if the client cannot provide a signature for themselves (including but not limited to if the client is hospitalized or incarcerated) and gives the signing service provider permission to sign on their behalf.