



**Consent for the Release of Confidential
SCANNED COPIES OF PERSONAL IDENTIFICATION DOCUMENTS TO
Alameda County Health Care Services Agency – Home Stretch**

Home Stretch is a collaborative project of the Alameda County Health Care Services Agency and the members of its health and housing services program network. Send Completed Form via SECURE e-mail homestretch@acgov.org or FAX to (855) 658-5466.

Participant/Client Print Name: _____

Participant/Client Date of Birth: _____

Participant/Client Social Security #: _____

My current service provider helping me find permanent housing is -

Print Name of Staff Member: _____

Print Name of Agency and Program Name: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

I need copies of the following documents to help me with my housing search and applications (CHECK ALL THAT APPLY):

- Government issued photo identification Social Security Card
- Income Verification (CalWORKs, General Assistance)
- Letter Verifying Social Security Number, Income, and Benefits Enrollment (if SS card or original income verification is unavailable)
 - Check if citizenship verification is needed in the letter (often needed for Housing Authority applications). This can only include city of birth if within Alameda County.
- Other (please specify): _____

I authorize, via my signature below, the **Alameda County Social Services Agency Workforce and Benefits Administration Department** to release copies of the documents listed above to me, Home Stretch staff, and to my current service provider helping me to obtain housing. The documents will be used to help me obtain permanent housing and other resources. Copies are needed since I do not have current valid copies of these documents in my possession.

Date

Signature of Client

Signature of person signing form if *not* client

Describe authority to sign on behalf of client: _____