

**(Insert name of event) Related Personal Information Release:  
Client Management or Property Damage Reports**

*Note: This type of release does NOT apply to medical information; an appropriate Medical Records and Information Release form compliant with state and federal guidelines (HIPAA) would be required.*

**(Insert name of event) Personal Information Release**

I hereby authorize (insert name of lead agency) to collect and to release to other nonprofit disaster relief entities, including participants in the Coordinated Assistance Network (CAN) or similar case management programs, any information that is relevant for the purpose of providing assistance for my (insert event type)-related loss. Any information provided by me for these purposes may be maintained by the (insert name of lead agency) and other partner agencies for a reasonable period of time to ensure I receive information about benefits and services. My information will not be used by the (insert name of lead agency) and other partner agencies for reasons other than to inform partners about the types of losses in this disaster, to identify me for potential benefits or services available to me, or to provide me with information related to (insert name of event) recovery in NJ.

**Who will see the information:**

- Only Nonprofit Agencies
- CAN Participating Agencies
- Other

**What is shared:**

- Name and Address
- Household Structure
- Disaster Assessment
- Financial Assistance
- Emergency Needs

Signature (Head of Household): \_\_\_\_\_ (Sign & Date)

Name – PLEASE PRINT \_\_\_\_\_

Exceptions to this release (please list):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_