

1666 N. Hampton Rd Suite 102 DeSoto, TX 75115

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CONSENT TO RELEASE OF INFORMATION

MAKE A WAY, CPA

I give my consent to **Kids First** to disclose information from the following child’s/children’s file/s:

To: Make A Way, CPA for the purpose of **Transferring with Frazier Foster Family.**

Please provide the requested foster youth documents within 10 days to:

**Make A Way, Child Placing Agency**

 **1666 N. Hampton Rd Suite 102**

**DeSoto, Texas 75115**

 **(817) 291-9631**

 **Kristina@makeaway.info (*email)***

I understand that information will be disclosed for the purpose(s) noted above, and that the information released will be limited to the following kinds of information.

,/ Birth Certificate ,/ Educational Information, ARD, IEP,

,/ Social Security Card Testing Results

,/ Common Application ,/ Current Medical Records

,/ Psychological Evaluation ,/ Current Dental Records

,/ Discharge Summary ,/ Immunizations

,/ Therapy Notes ,/ TB Test and Results

,/ Incident Reports from previous 30 days ,/ Current Psychiatric Review

,/ Current Service Plan ,/ Court Documents

Make A Way requests this information for the purpose of preparing the required intake assessment, treatment planning, treatment coordination, or consultation. This consent is subject to revocation by the undersigned at any time expect to the extent that action has been taken in reliance hereon, and, if not earlier revoked, it shall terminate sixty days from the date signed by the managing conservator, without express revocation.

My signature indicates that I understand the content of this form.

Kristina Williams Executive Director

Date TDFPS/Case Manager Date

Sent to: Date:

Consent to Release of Information 2017