

Montgomery County Emergency Assistance

Authorization for Release of Information

Client name (Please Print) _____

Date _____

Refusal to provide necessary documentation or to answer an interviewer's questions will disqualify me and my household from assistance.

Any false or misleading information provided in writing or verbally will disqualify me and my household from assistance.

I certify that all information provided to MCEA either in writing or verbally is correct and true to the best of my knowledge.

Additionally;

I give permission for MCEA staff to verify information by contacting any party I have listed or verbally mentioned in the process of seeking assistance. Any discrepancies between my application information and verification efforts will be provided to me for clarification.

I release MCEA from any liability or legal responsibility that may arise from the verification process.

Client Signature

Date