

**NEW HAMPSHIRE DISASTER RECOVERY
RELEASE OF CONFIDENTIAL INFORMATION**

A. _____, hereby authorizes the New Hampshire Disaster Recovery
Client Name

Program to release to the agencies or persons designated below any information maintained by the New Hampshire Disaster Recovery program that is relevant for the purpose of providing assistance for my disaster needs caused by New Hampshire floods.

B. _____, hereby authorize the agencies or persons designated
Client Name

below to release to the New Hampshire Disaster Recovery program any information maintained by the agency or person relevant and necessary for the purpose of providing assistance for my needs caused by New Hampshire floods.

C. I further understand that the release of information does not guarantee that assistance will be provided, but that without the information my case cannot be presented to the New Hampshire Disaster Recovery program for consideration.

Name of Agency(ies) or Person(s) Designated:

| | | |
|--|--|--|
| <input type="checkbox"/> FEMA | <input type="checkbox"/> American Red Cross | <input type="checkbox"/> Small Business Administration (SBA) |
| <input type="checkbox"/> Southwestern Community Services (SCS) | <input type="checkbox"/> Town or City Welfare | <input type="checkbox"/> Health & Human Services |
| <input type="checkbox"/> Monadnock Family Services | <input type="checkbox"/> Keene Housing Authority | <input type="checkbox"/> Catholic Charities |
| <input type="checkbox"/> Home Health Care (HCS) | <input type="checkbox"/> New Hampshire Housing | <input type="checkbox"/> Cheshire Medical/DHC-K |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Signature of Client (Head of Household)

Signature of Client (Spouse)

Date

Date

Witness/Date