
Go-Dark Period (after 5:00 pm on Aug. 5, 2016 - Sept. 14, 2016)
Informed Consent to Share (NY Connects) Script

Client Name (first name, last name):
Address:
Phone number:
Date:

Read the Following:

As we discuss options, there may be agencies or programs you would like me to contact on your behalf. Or, you may want help with filling out applications for public benefit programs, such as Medicaid. With your permission, we can share information that you have told me during this call with agencies or programs that may assist you with obtaining services. We will only share your information with an agency or program with your consent. We will talk more about which agencies that might be, if any, depending on what may be useful to you.

If you permit us to share your information, we will be better able to help you contact other agencies or programs on your behalf.

But, if you do not want us to share your information, it will not affect your eligibility for public benefits or your ability to seek services on your own. It does mean we will not be able to help with referrals or contact other agencies or programs on your behalf.

Do I have your permission to share information from the database as I have explained to you?

- Yes (if in person, written consent is required)**
- No (If no): If no, provide information for referrals to the individual for his/her follow-up.**

User (Worker) Signature:
User (Worker) Title :
Date:
<i>This form must be uploaded into the new Statewide Client Data System in association with NY Connects Client Record for this individual.</i>