

CONSENT TO RELEASE PUBLIC ASSISTANCE INFORMATION FOR THE CALFRESH EMPLOYMENT & TRAINING PROGRAM

Participant's Name: _____

1. **RELEASE OF ELIGIBILITY INFORMATION.** I understand this consent form and give my permission to the County of Santa Clara Social Services Agency (SSA) to release and send information relating to the status of my CalFresh eligibility to the CalFresh Employment & Training (CFET) Program representative at _____ if I am eligible for the CalFresh program.

(Third Party Partner Agency Name)

2. A photocopy of this consent form shall be considered as effective and valid as the original.

By signing my name below, I understand and agree to the items listed above.

Participant's Signature: _____ Date: _____

Participant's Date of Birth (DOB): _____ Phone Number: _____

If this form is signed on behalf of someone else, please write the relationship below and explain why the applicant is unable to sign.

CFET Program Representative Name: _____ Date: _____

CFET Representative Signature: _____ Title: _____