



# WARREN COUNTY GENERAL ASSISTANCE

BETSY STURSMAN DIRECTOR  
SARAH DOWNARD COORDINATOR

## AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I voluntarily allow information to be exchanged between Warren County General Relief and the following agencies/organizations for the coordination of services:

Check all that apply:

\_\_\_ Iowa Workforce Development      Last four of Soc. \_\_\_\_\_      ID Verified by: \_\_\_\_\_

\_\_\_ IMPACT Community Action Partnership

\_\_\_ CICS, Central Iowa Community Services

\_\_\_ Department of Human Services

\_\_\_ Child Support Recovery Unit

\_\_\_ Warren County Veteran's Affairs

\_\_\_ Warren County Attorney's Office

\_\_\_ Children and Families of Iowa

\_\_\_ Utility Providers: \_\_\_\_\_

\_\_\_ WeLIFT Job Search Center

\_\_\_ Current and previous employers: \_\_\_\_\_

\_\_\_ Landlord/Property Manager: \_\_\_\_\_

\_\_\_ Ministerial Fund Allocators

\_\_\_ Indianola Hope Foundation

\_\_\_ Other \_\_\_\_\_

This authorization becomes invalid one year from the date below

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
Client Number CSN Number

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