



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: _____

___ Salvation Army of Central Iowa

___ Aging Resources of Central Iowa

___ Integrative Counseling Solutions

___ Heal House

___ 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 _____

1007 SOUTH JEFFERSON WAY, INDIANOLA, IOWA 50125

PHONE: 515-962-5132 FAX: 515-961-1142

GA@WARRENCOUNTYIA.ORG

[HTTPS://WWW.WARRENCOUNTYIA.GOV/GOVERNMENT/COUNTY-ADMINISTRATION/GENERAL-ASSISTANCE/](https://www.warrencountyia.gov/government/county-administration/general-assistance/)