

EAST COOPER COMMUNITY OUTREACH
 SafetyNet Assistance Network - Berkeley, Charleston, and Dorchester County
 Shared Case Management Software, CharityTracker

CUSTOM RELEASE OF INFORMATION (ROI)

Last Name: _____	First Name: _____
Address: _____	City: _____
State: _____ Zip: _____	Date of Birth: _____ <small>mm / dd / yyyy</small>
Email Address: _____	Phone #: _____

CharityTracker is a shared, computerized record keeping system that contains information about people experiencing need for basic needs services and financial stability services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Trident United Way administers CharityTracker on behalf of participating agencies in Berkeley, Charleston and Dorchester county including:

East Cooper Community Outreach - ECCO
Participating Agency

Dependent's Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I also understand that if I choose to not participate, this may limit response to my need. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information. This Release of Information will remain in effect for three (3) years from the date noted under my signature at the bottom of this page unless I make a formal request to this organization that I no longer wish to participate in CharityTracker.

I authorize East Cooper Community Outreach (partner agency) to share my and my dependent's basic identifying and non-confidential service transactions/ information as needed with other organizations so as to enable the best possibilities for assistance with my need. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

I authorize the exchange of this information with the following agencies and entities as necessary: Landlords, utility companies, mortgage companies, St. Vincent De Paul, Operation Home, MUSC C.A.R.E.S. Clinic, ECCO Resources for Mental Health, Pro Bono Law, Vocational Rehabilitation and any other agencies in the SafetyNet Network:

X _____
 Client and/or Parent-Legal Guardian's Authorizing Signature

X _____
 Agency Representative Signature

 Date

 Date

