



## NEW SMYRNA BEACH HOUSING AUTHORITY

Teresa Pope,  
Executive Director  
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### ACCESS FLORIDA ASSISTED SERVICE SITE RELEASE

I, \_\_\_\_\_ understand that by signing below I am authorizing the Department of Children and Families (DCF) to release limited case information to Kathleen Westerfield, Delilah Strader, Teresa Pope, Michelle Williams, or Channequa Smith, as representatives of the New Smyrna Beach Housing Authority. This release is made to the New Smyrna Beach Housing Authority in their role as a DCF Assisted Service Site with customer look up and shall be used solely to fulfill their obligation in assisting me with the application filed with DCF or the application that I previously filed with DCF. Information to be released is limited to:

- Status of application (approved, denied, enrolled, or pending)
- Reason for closure or denial
- Scheduled interview dates and times
- Verification requested and dates due
- Other: \_\_\_\_\_

No additional information shall be provided to the DCF Assisted Service Site without my specific written consent. This authorization expires 90 days following the date signed.

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

DOB \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Yo, \_\_\_\_\_ entender que al firmar a continuación estoy autorizando al Departamento de Niños y Familias (DCF) a divulgar información limitada del caso a Kathleen Westerfield, Delilah Strader, Teresa Pope, Michelle Williams o Channequa Smith, como representantes de la New Smyrna Beach Housing Authority. Esta liberación se hace a la New Smyrna Beach Housing Authority en su papel como un Sitio de Servicio Asistido DCF con el cliente buscar y se utilizará únicamente para cumplir con su obligación de ayudarme con la solicitud presentada ante DCF o la solicitud que previamente presenté ante DCF. La información que se publicará se limita a:

- Estado de solicitud (aprobado, denegado, inscrito o pendiente)
- Motivo de cierre o denegación
- Fechas y horas programadas de la entrevista
- Verificación solicitada y fechas vencidas

No se proporcionará información adicional al Sitio del Servicio Asistido del DCF sin mi consentimiento específico por escrito. Esta autorización expira 90 días después de la fecha firmada.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_\_ Ultimo 4 dígitos de SSN \_\_\_\_\_