Wichita and Affiliated Tribes

Office for Victims of Crime (OVC) Tribal Victim Services Set-Aside

TRANSITIONAL HOUSING PROGRAM

RELEASE OF INFORMATION

I, _____, date of birth _____, SS# _____-_____-_____, do hereby authorize the Wichita and Affiliated Tribes Transitional Housing Program to obtain all information regarding the following:

Information requested: <u>All legal documentation, case documents and case plans pertaining to the case, including all legal documentation pertaining to the alleged Domestic Violence call as stated in this case.</u>

Obtain from:	_____	**Release to:**	Wichita and Affiliated Tribes
	_____		Office for Victims of Crime
	_____		Transitional Housing Program

*Federal Law Governing Fraud: **Whoever, in any matter within the jurisdiction of any department or of the United States, knowingly and willingly falsifies, conceals, or covers up by an trick, scheme device a material fact, or makes any false, fictitious, or fraudulent statements or representations or makes or uses any false writings or documents, knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined no more than $10,000 or imprisoned not more than five years or both."*

[25 CFR, CH. I, Subchapter D, Part 20, Subpart F, § 20.607]

I have read or heard read or have had interpreted to me the preceding provisions of law and understand them. I agree to supply all necessary information about my case and to notify the listed programs when my situation changes. I attest that the above statements are true to the best of my knowledge. I further agree that any false statements knowingly submitted by me will subject me to forfeiture service from the Office for Victims of Crime Transitional Housing Program.

<u>I further agree to allow the Wichita and Affiliated Tribes Transitional Housing Program to release the information pertaining to my case with the Wichita and Affiliated Tribes Tribal Victims Act Program for counseling if needed.</u>

This consent is subject to revocation at any time upon written request by applicant. This release of information is effective only during the duration of assistance.

Applicant: _____ Date: _____

Caseworker: _____ Date: _____