



CDE Case Management Consent to Release Information

I, _____, give permission for Crystal Stairs, Inc., to verify any information utilized to determine my family eligibility during the time that I am enrolled in the subsidized child care program.

I authorize the sharing of information between agencies to verify my income, eligibility, and need for child care and/or support services. Agencies that may be contacted include, but are not limited to, the Department of Public Social Services, Department of Child Support Services, training sites/schools, social service agencies, referring physicians, emergency shelters, and employers.

I give my permission for Crystal Stairs, Inc., to request from and/or provide to other publicly funded agencies any eligibility information needed to ensure proper use of State/Federal funds.

I understand that if my family is found to be ineligible for child development services, or, if the information provided to Crystal Stairs, Inc., during the time my family is enrolled is found to be inaccurate, I will be responsible for repayment to Crystal Stairs, Inc., for child care payments paid to my provider(s).

Print Name

X

Signature

Relationship to child(ren)

Date