

AGENCY TRANFER FORM

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I	(Foster Family) authorize Houston Strong	
		ion to my Foster Parent File to be released
from	(Previou	is Agency).
The following information pertain	ning to my family	<i>7</i> :
Application		
Trainings & Certificates		
Home Study		
Citations, Corrective Action		itions, Home Evaluations
Floor Plan, Fire & Health	-	
Other (specify)		
For the purpose of:		
Evaluation/Assessn	nent and/or Coor	dinating services
Transferring Agenc	eies	
This consent will automatically exbelow.	xpire one (1) yea	r after the date of my signature as it appears
I understand I have the right to retime (except to the extent that the	_	Form, and that I may revoke my consent at any already been released).
		Social Security #:
Signature of Parent	Date	&
		Date of Birth:
		Address:
Signature of Parent	Date	
Signature of CPMS Staff	Date	_

Please release all information to Houston Strong Children Services via email: intake@houstonstrongcpa.org or via fax at 832-218-8857. For questions please contact us at 713-443-5993 or 832-856-0924. Requested information must be released within 10 days after receiving written request from Houston Strong.