



Inn from the Cold - Kelowna

Inn Home Support & Advocacy Program
Kelowna, BC • Phone: (250) 448-6403
Web: www.InnfromtheColdKelowna.org

AUTHORIZATION FOR OBTAINING / RELEASING INFORMATION

I, _____ (print name) hereby authorize Inn from the of Cold - Kelowna to obtain and/or release information they deem necessary regarding myself from or to any person, agency, firm, corporation, or society required in order to assist and support me while I am a participant of the Inn from the Cold-Kelowna Program. I hereby release Inn from the Cold-Kelowna and its staff, volunteers and board from all manner of liability, claim or demand I may or will have as a result of their obtaining and/or releasing information.

Dated this _____ day of _____ 2009 and to be in effect for a period of one year.

Signature of Program Participant _____

Print name clearly of Program Participant _____

Signature of Outreach Worker as Witness _____

Print name of Outreach Worker witness clearly _____

Single Couple Family w/ children Children in care

Client's Birthday: Year__ Month__ Day__

Client's Phone: _____

Client's Full Address: _____

Please describe what kind of assistance the client needs or is looking for:

Please state what interests or hobbies the client has, so we can match up the client and advocate:

**What kind of advocate person would client prefer or be most comfortable with?
Male or Female?**

Is there anything we should know about this client's current situation, health, or otherwise?

Please state which agency is referring this client:

Canadian Mental Health Association Worker's Name: _____

Kelowna Drop In Center Worker's Name: _____

Ki-Low-Na Friendship Society Worker's Name: _____

BrainTrust Worker's Name: _____

If other, please state agency and worker: _____