DCYF - AUTHORIZATION FOR RELEASE OF INFORMATION

Name (First, Middle, Last)  

DOC number  

Date of birth  

Last known address  

City  

State  

Zip code  

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<thead>
<tr>
<th>Child(ren) name</th>
<th>Date of birth</th>
<th>Gender</th>
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Have you been involved with Child Protective Services or welfare in Washington or another state?  
□ Yes  □ No  If yes, what state: __________________________  Approx. date: __________________________

Has any child been involved with Indian Child Welfare in Washington or another state?  
□ Yes  □ No  If yes, what state: __________________________  Approx. date: __________________________

Have you been involved with Tribal Court or other tribal services in Washington or another state?  
□ Yes  □ No  If yes, what state: __________________________  Approx. date: __________________________

Give a brief description of the case:  

________________________________________________________________________________________

Initial:  

□ I allow any tribal and/or state child welfare/protection agency to disclose any level of information they may have on me, my family and/or children, including but not limited to founded (substantiated), unfounded (unsubstantiated), and “information only” referrals.

□ I allow the Department of Social and Health Services and/or Department of Corrections to re-disclose protected health and/or other information to mental health, substance use disorder, and child welfare service providers.

I certify under penalty of perjury that the information provided in the attached documents are true and accurate.

________________________________________  Date

Signature

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution:  ORIGINAL - DCYF  COPY - Case manager file

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