

C.A.R.E.S., INC.
CLIENT ASSISTANCE PROGRAM

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Fax: (207) 377-7057

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Website: www.caresinc.org

RELEASE OF INFORMATION

I, _____, authorize and direct you to disclose confidential information to C.A.R.E.S., Inc., who is acting as my representative. You are authorized to answer questions pertaining to me, and to permit C.A.R.E.S. staff access to, and upon their request, copies of all records generated or maintained by your agency which pertain to me.

You are instructed to accept a photocopy of this form as a valid authorization for release of information.

This release expires when C.A.R.E.S. closes my case or sooner if revoked by me either verbally or in writing.

Signed: _____ Date: _____

If signed by a person other than the client, please indicate:
Parent _____ Guardian _____

Revised 4/24/07