

Jasper, Lawrence, Newton County Long Term Recovery Committee

I _____, born on _____

disaster dwelling address _____ hereby consent to disclosure of the information collected by FEMA under my Application Number _____ to the organizations and/or individuals listed below. My phone number is _____.

I specifically consent to have the following information disclosed to them:

- My entire case files, including inspection report, amount of assistance, etc;
- Status of any appeals, if applicable
- _____
- _____

The above information may be disclosed to the following organizations and / or individuals:

- The Long Term Recovery Committee of Jasper, Newton and Lawrence County.
- The American Red Cross
- Catholic Charities of Southern Missouri
- The Salvation Army

Additionally, I consent to have the above named organizations and / or individuals speak on my behalf and represent me before FEMA.

Additionally, I consent to disclosure of my information to any other organization that is member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC) for {FEMA NUMBER} DR-MO 1980.

I understand that signing this release is not a guarantee of services, but that without this release, the Long Term Recovery Committee may not be able to determine my eligibility for services from various sources.

I understand that this consent will expire 3 years from the date of my signature below. I may revoke this consent prior to that date, except to the extent to which it has been acted upon, by providing a written statement of revocation to my Case Manager.

This consent is made pursuant to and consistent with 28 U.S.C. 1746. I declare, under penalty of perjury, that the foregoing is true and correct.

Signature _____

Date _____

Signature _____

Date _____