



Northeast Indiana

App Key \_\_\_\_\_

## Family Support – Release of Information

Applicant Name (printed) \_\_\_\_\_ Last 4 of Applicant SSN \_\_\_\_\_

I hereby authorize Brightpoint and its designees to release or obtain necessary information regarding the processing of my Energy Assistance or Childcare Development Fund application to/from the following agencies and/or independent parties:

Agency/Individual	Relationship	Contact number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

This information will be used solely to aide in the collection of information necessary to complete my application for assistance or to help me understand my status and/or benefits and will expire one year from the date on this form. I acknowledge that I understand I may revoke these permissions at any time by emailing [gethelp@mybrightpoint.org](mailto:gethelp@mybrightpoint.org).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only:

Receiving Staff Signature: \_\_\_\_\_ Date received: \_\_\_\_\_