



**DEPARTMENT OF HUMAN SERVICES**

**Office of Intake and Emergency Services**

#19 Estate Diamond, Frederiksted, St. Croix, VI 00840

DHS-U-02

**CONSENT FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby consent to the Department of Human Services disclosing to another government agency, both federal and local, or private entity, information I have given, or may give, concerning myself and my family, when such disclosure is necessary and pertinent to the determination or confirmation of the eligibility of myself and/or members of my family to receive benefits or services from the Department of Human Services.

I further consent to private organizations and other government agencies, both federal and local, or private entity, disclosing to the Department of Human Services information concerning myself and my family, when such disclosure is necessary and pertinent to the determination or confirmation of the eligibility of myself and/or members of my family to receive benefits or services from the Department of Human Services.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

***“Working Together To Make a Difference”***

Telephone: (340) 642-9299 • Fax: (340) 713-3703