

Nurturing Families Network – Home Visiting Authorization for Release of Information

I hereby give permission to the Department of Children and Families to release information about me and my family to the Nurturing Families Network (NFN). I understand that the Nurturing Families Network will use this information to determine the effectiveness of the NFN Home Visiting program. I also understand that NFN will not identify me or my family by name in any evaluation. The information that may be released to Nurturing Families Network includes any reports filed with the Department of Children and Families during the time in which I am a participant in the program.

This authorization will expire on _____ and may be revoked by me at any time, by written notice of revocation.

Participant's signature

Date

Witness' Signature

Date

I do not give my permission to the Department of Children and Families to release information about me and my family to the Nurturing Families Network. Not signing to release this information will have no impact on my Nurturing Families Network services.

Participant's signature

Date

Witness' Signature

Date