THE VILLAGE AFTER FOUNDATION, INC.

VILLAGE PARTNER REFERRAL & INFORMATION-SHARING AUTHORIZATION

This form gives **The Village After Foundation, Inc.** permission to share specific personally identifiable information with an outside organization or Village Partner for a referral requested by the participating family.

Completing this authorization is voluntary.

Declining a referral does **not** affect enrollment with The Village After Foundation or participation in other available Foundation services.

SECTION 1 - PARTICIPANT INFORMATION

Participant/Caregiver Name:

Phone Number:

Email Address:

Preferred Method of Contact

- ☐ Text
- ☐ Phone
- ☐ Email

SECTION 2 - ORGANIZATION RECEIVING THE REFERRAL

Organization / Village Partner:

Program / Department, if known:

Contact Person, if known:

Phone / Email, if known:

SECTION 3 - PURPOSE OF REFERRAL

Please select all that apply:

- [ ] Education
- [ ] Career Development
- [ ] Workforce Training
- [ ] Counseling
- [ ] Grief Support
- [ ] Child / Family Services
- [ ] Transportation
- [ ] Financial or Community Resource Assistance
- [ ] Other:

Service or Assistance Being Requested

SECTION 4 - INFORMATION I AUTHORIZE THE FOUNDATION TO SHARE

I authorize The Village After Foundation to share **only the information selected below** when reasonably necessary to complete this referral.

- [ ] Full Name
- [ ] Phone Number
- [ ] Email Address
- [ ] Preferred Method of Contact
- [ ] City / ZIP Code
- [ ] Child's First Name, if necessary for the referral
- [ ] Education or Career Goals
- [ ] Employment or Training Needs
- [ ] Transportation Needs
- [ ] Counseling / Grief-Support Needs
- [ ] Relevant Family Information Necessary for the Requested Service
- [ ] Information About the Specific Need for Which the Referral Is Being Made
- [ ] Other:

This authorization does **not** permit The Village After Foundation to provide my complete Village Family record.

Information that is not reasonably necessary for this referral should not be shared.

SECTION 5 - INFORMATION NOT AUTHORIZED BY THIS FORM

Unless specifically authorized above and reasonably necessary for the referral, this form does not authorize the Foundation to provide:

- my complete Village Family record;
- complete Village Fund applications;
- unrelated financial records;
- medical records;
- counseling or treatment records;
- school records held by another organization;
- police records;
- private documents unrelated to the referral;
- photographs or videos;
- my complete family history; or
- other unrelated confidential information.

SECTION 6 - AUTHORIZATION TO MAKE THE REFERRAL

By signing below, I authorize The Village After Foundation to send the information I selected above to the organization identified on this form for the purpose of connecting me or my child with the requested service.

I authorize the receiving organization to use the contact information I approved to contact me directly regarding this referral.

I understand that:

1. The Village After Foundation is making a referral and does not control the receiving organization.
2. The receiving organization has its own eligibility requirements, services, availability, enrollment decisions, costs, and privacy practices.
3. A referral does not guarantee acceptance, enrollment, funding, an appointment, priority service, or another benefit.
4. The receiving organization may require me to complete its own intake, consent, or eligibility process.
5. The Foundation should share only information reasonably necessary for this referral.
6. I may ask questions before signing this authorization.
7. I may withdraw this authorization **before the referral is sent** by contacting The Village After Foundation.

SECTION 7 - FOLLOW-UP PERMISSION

After the referral is made:

☐ **Yes**, The Village After Foundation may follow up with me to ask whether I was contacted and whether I need additional assistance.

☐ **No**, I do not want Foundation follow-up regarding this referral.

Permission for the Foundation to follow up with me does **not** authorize the receiving organization to provide the Foundation with confidential:

- treatment records;
- counseling records;

- medical information;
- educational records;
- case files; or
- other protected information.

If additional information from the receiving organization is needed, separate authorization may be required.

SECTION 8 - PARTICIPANT AUTHORIZATION

I have reviewed this form and voluntarily authorize the referral and information sharing described above.

Participant/Caregiver Name:

Signature:

Date:

FOUNDATION USE ONLY

Foundation Representative:

Date Authorization Received:

Date Referral Sent:

Information Actually Shared

Referral Status

- ☐ Referral Prepared
- ☐ Referral Sent
- ☐ Participant Confirmed Contact
- ☐ Participant Requested Additional Assistance
- ☐ Referral Closed

Follow-Up Date:

Notes: