# Authorization to Furnish Information

**Community Based Care**

**Purpose:** Use this form to allow a Single Source Continuum Contractor access to information related to a child in DFPS conservatorship.  

|  |  |
| --- | --- |
| AUTHORIZATION | |
| I authorize any persons or organizations, having information or records concerning        (name of person(s))  living at        (address)  to furnish such information to a representative of the Single Source Continuum Contractor (SSCC):        (name of the SSCC)  who, as an agent of the Texas Department of Family and Protective Services (DFPS), is responsible for ensuring the full continuum of paid foster care services of the person named on this form while he or she is in DFPS legal conservatorship.  As an agent of the Texas Department of Family and Protective Services, I grant permission for the Single Source Continuum Contractor to obtain information regarding the circumstances of the person named above. | |
| SIGNATURE OF DFPS REPRESENTATIVE | |
| Print Name: | Date: |
| Signature: | |
| RETURN TO SINGLE SOURCE CONTINUUM CONTRACTOR (SSCC) | |
| Name of SSCC: | Address: |