



SafetyNet Assistance Network
 Berkeley Charleston and Dorchester County
 Shared Case Management Software – **CharityTracker**
 Custom Release of Information (ROI) Form

Client’s Last Name: _____ **First Name:** _____ **MI:** ____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Date of Birth: _____ **Last 4 digits of Client’s Social Security Number:** _____

CharityTracker is a shared, computerized record keeping system that contains information about people experiencing need for basic needs services and financial stability services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Trident United Way administers **CharityTracker** on behalf of participating agencies in Berkeley, Charleston and Dorchester counties including Charleston County Community Development.

<u>Dependent’s Name</u>	<u>Date of Birth</u>	<u>Last 4 digits of Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that all information gathered about me is personal and private and that I do not have to participate in **CharityTracker**. I also understand that if I choose to not participate, this may limit response to my need. I have had an opportunity to ask questions about **CharityTracker** and to review basic identifying information. This Release of Information will remain in effect for three (3) years from the date noted under my signature at the bottom of this page unless I make a formal request to this organization that I no longer wish to participate in **CharityTracker**.

I authorize Charleston County Community Development (Participating Agency) to share my and my dependent’s basic identifying and non-confidential service transactions/information as needed with other organizations so as to enable the best possibilities for assistance with my need. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

X _____

X _____

Client and/or Parent-Legal Guardian’s Authorizing Signature

Agency Representative Signature

Date _____

Date _____