Release of Information (ROI)

Purpose
This form allows Found to Flour (FTF) to share and receive information related to my child's wellbeing with the individuals or agencies listed below. The goal is to ensure coordinated and supportive care.

Information That May Be Shared
Relevant information may include updates on wellbeing, school attendance, placement details,
referrals, or progress in programs. Only information necessary for coordination will be shared.

Parties Authorized for Communication
I authorize FTF to exchange information with: _____.
(Examples: school district, therapist, case manager, residential program)

Duration of Authorization
This release will remain in effect for one (1) year from the date of signing, unless I revoke it earlier in writing.

Revocation and Confidentiality
I understand that I may cancel this authorization at any time by contacting FTF in writing. Any
information already shared before cancellation cannot be taken back. All information will be handled with care and respect for privacy.

Youth's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

FTF Representative (print name): _____

Signature: ______________________________ Date: _____________