



MOAPA BAND OF PAUTES
TRIBAL CHILD CARE

ADDRESS: 700 N. RAINBOW BLVD.
 LAS VEGAS NV 89107
 PHONE: (702) 333-6565
 EMAIL: info@mboptribalchildcare.org

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

RETURN TO:
 Moapa Tribal Childcare
 700 N. Rainbow Boulevard
 Las Vegas, NV 89107
 or P.O. Box 572 Moapa, NV 89025
 Attention: _____

I hereby request and authorize you to release to the Moapa Tribal Child Care Program the following information that you have pertaining to me.

I hereby request and authorize the Moapa Tribal Child Care Program to release to you the following types of information which it has pertaining to me.

<u>Information</u>	<u>Date of Applicant Authorization</u>	<u>Applicant Initials</u>	<u>Information</u>	<u>Date of Applicant Authorization</u>	<u>Applicant Initials</u>
Behavioral Assessments			Native Blood Quantum		
Emergency Contact			504 Plan		
Medical Records/Reports			Individual Education Plan		
Psychiatric Evaluations			Employment Verification		
Court Documents			Alcohol/Substance Abuse Assessments/Treatment		
Hospital Records			Other (specify):		

I understand that my records are protected under Federal Confidentiality Regulations (42 CFR, part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Applicant Full Name (Printed) _____

Parent or Guardian Full Name (Printed) _____

Applicant Social Security Number _____

Parent or Guardian Signature _____

Applicant Date of Birth _____

Witness Signature _____

Applicant Signature _____

Tribal Childcare Case Manager Signature _____

Date Signed _____

Date Signed _____

