

**RELEASE OF INFORMATION FORM
RESPITE CARE/SPECIAL SITTERS
(This release form only needs to be signed one time)**

I _____ give permission to Advocates for
(Parent/Guardian)

Developmental Disabilities of Steele County Inc. to release this individual's name,

_____ to Steele County Human Services for the
(Individual's Name)

purpose of reimbursement from the Respite Care/Special Sitters Fund.

Signature
(Parent/Guardian)

Date

The release of information will remain in effect unless the Parent/Guardian wishes to have it revoked. (Such revocation is the responsibility of the Parent/Guardian).