

# Confidentiality Exchange and Release

## Western Dairyland EOC, Inc.

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
\_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

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### Confidentiality/Case Management

- I understand that *Wheels for Work* staff will interview me about issues such as household income, expenses, driving record, credit report, employment, character, etc. I understand that the collection of information is necessary for determining my eligibility for the *Wheels for Work* program.
- This consent of release of information expires *upon repayment of loan (if I am approved)*. I understand that I have the right to inspect and receive a copy of the materials disclosed, and a copy of this consent form.
- I acknowledge that Western Dairyland EOC, Inc. may need to release, to receive, or to exchange confidential information, related to my *Wheels for Work* application with itself and/or public agencies providing services to my family for purpose of determining eligibility. These agencies and Western Dairyland EOC, Inc. are bound by confidentiality requirements.
- This authorization extends to the following agencies/individuals:

County DHS: (Buffalo, Eau Claire, Jackson, Trempealeau):  
Workforce Connections, Inc.  
Workforce Resource, Inc.  
Auto Dealers/Private Sellers/Mechanics  
Insurance Agency or Agencies

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Wheels for Work*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_