



DYCD to HRA Consent Form

I, _____ (*client*), consent to disclosure of all of my program entry and exit dates with all Department of Youth and Community Development (DYCD) funded Runaway and Homeless Youth shelter providers by **Randolf A. Scott, Assistant Commissioner, DYCD Vulnerable and Special Needs Youth Division** for the purposes of verifying utilization of emergency shelter services and calculating my period of homelessness in order to potentially access other benefits. As such, I understand that this information will be released to **Michael Bosket, Deputy Commissioner of Customized Assistance Services**, with the **New York City Department of Social Services/Human Resources Administration**, for such calculation, and I consent to this release. This consent is valid for a period of one (1) year, beginning on _____ (*date of client's signature*) unless I revoke my consent in writing. I understand that I may revoke my consent at any time. I understand that if I revoke my consent, that revocation will only operate for future disclosures, and that any information disclosed prior to my revocation cannot and will not be retrieved.

Client's signature

Provider staff's signature (witness to client's signature)