Morris County Youth Shelter
Information Release Form

I hereby authorize the Morris County Youth Shelter (MCYS) to release and receive any pertinent information to the following agencies:

- ☐ Youth Case Management (YCM)
- ☐ Division of Youth & Family Service (DYFS)
- ☐ Family Intervention Service (FIS)
- ☐ Value Options
- ☐ Family Support Organization (FSO)
- ☐ Court Appointed Special Advocate (CASA)
- ☐ Court
- ☐ Probation
- ☐ Police Department
- ☐ DayTop
- ☐ Morristown Memorial Hospital (MMH)
- ☐ Law guardian
- ☐ Case Management Organization (CMO)
- ☐ St. Clare's Hospital
- ☐ Treatment Provider _____
- ☐ School District _____
- ☐ Department of Human Services
- ☐ Other _____

All information shall be maintained in the confidential files of the Morris County Youth Shelter and will not be released to any other individual or agency. I further understand that I have the opportunity to amend this consent at any time, upon written request to the shelter Director.

_____ _____
Resident Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Staff Signature Date