



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska

Tribal Child Support Unit

PO Box 25500 • Juneau, Alaska 99802

Phone: 907.463.7785 • Email: YouMatter@ccthita-nsn.gov

You Matter Referral Form

Noncustodial Parent Contact Information	Full Name		Date of Birth		Last 4 Digits of SSN	
	Address			City	State	Zip
	Email			Phone		

Referred by	Name		Agency/Organization		Department	
	Address			City	State	Zip
	Email			Phone		

Barriers Identified	<input type="checkbox"/>	Employment/Underemployment	<input type="checkbox"/>	Child Support Case
	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Domestic Violence
	<input type="checkbox"/>	Life Skills	<input type="checkbox"/>	Access to Children
	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Income
	<input type="checkbox"/>	Family Relations	<input type="checkbox"/>	Access to Services
	<input type="checkbox"/>	Parenting Skills	<input type="checkbox"/>	Other:

Please list services that your agency has provided and/or will continue to provide

Signature of Referral Representative	Date	Printed Name

ESS Signature upon receipt	Date Received	Printed Name

*** To avoid delays, a Release of Information must accompany this referral form ***



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska

Tribal Child Support Unit

PO Box 25500 • Juneau, Alaska 99802

Phone: 907.463.7785 • Email: YouMatter@ccthita-nsn.gov

Consent for the Release of Confidential Information

By signing this form, you are authorizing Tlingit & Haida's Tribal Child Support Unit (TCSU) to release otherwise confidential information to one or more people whom you designate. Please read carefully. We will gladly answer any questions.

I authorize Tlingit & Haida's Tribal Child Support Unit to: *(Check all that pertain)*

Discuss and disclose otherwise confidential information pertaining to my child support case.
 TCSU Case number(s): _____

I authorize the release of the information specified above to: _____

This information is released for the following purpose(s): _____

To coordinate child support case management services.

Other: _____

If you have authorized us to **discuss** confidential information, specify the period during which we may communicate with the person(s) listed above, by checking the appropriate box below:

I authorize ongoing communication unless I revoke this consent.

I authorize communication only until _____ (specify date).

Other restrictions or limitations on information to be released (specify):

No other limitations

I understand that I do not have to agree to release confidential information, and that I may withdraw this consent at any time except insofar as action has already been taken in reliance thereupon. A facsimile of this form will be regarded as valid as the original. I understand that I am authorizing the release of my confidential information held by TCSU for purposes of child support case management services.

I understand that if I am protected by a restraining order or I have reason to believe I may be emotionally or physically harmed, I have a right to request that information on my whereabouts be withheld from anyone including other parties to my Court case. I hereby release Tlingit & Haida, TCSU and its designee named above from liability for the release of any information authorized under this agreement.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

--	--	--

Signature of Referral Representative

Date

Printed Name