



The Food Bank for Central & Northeast Missouri Assistance Network
Shared Case Management Software - Oasis Insight
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ First Name: _____ MI: _____
Address: _____ City/State: _____ Zip: _____
Date of Birth: _____ mm / dd / yyyy
Phone: _____

The The Food Bank for Central & Northeast Missouri Assistance Network, hereinafter referred to as "Oasis Insight", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. The Food Bank for Central & Northeast Missouri (Administrating Agency) administers Oasis Insight on behalf of participating agencies of the Oasis Insight Assistance Network, including Catholic Charities of Central and Northern Missouri (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in Oasis Insight. I have had an opportunity to ask questions about Oasis Insight and to review the basic identifying information, which is authorized by this release for the Oasis Insight Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by Oasis Insight participating agencies may be shared with other Oasis Insight Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in Oasis Insight.

Table with 3 columns: Dependent's Name, Relationship, Date of Birth. Multiple rows of blank lines for entry.

I authorize Catholic Charities of Central and Northern Missouri, as a Oasis Insight Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other Oasis Insight Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Catholic Charities of Central and Northern Missouri (Participating Agency), as a Oasis Insight Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other Oasis Insight participating agencies.

X
Client and/or Parent-Legal Guardian's
Authorizing Signature

X
Agency Representative Signature

Date

Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.