

Appendix A



Neighbors In Need Of Services, Inc.

Consent to Disclose Personal Identifiable Information (PII)

Dear Parent/Guardian,

You are receiving this consent form for _____
Name of the child

because _____
Reason for disclosing the child's PII (transition, enrollment, assessment, etc.)

Parent/Guardian Statement

I, _____, understand that my child's PII
Parent/Guardian Name
needs to be disclosed in order to _____
Reason for disclosing the child's PII

NINOS, Inc. Head Start/Early Head Start and/or _____
Name of organization receiving the child's PII
will maintain the confidentiality of my child's PII in accordance with §1303 Subpart C of the Head Start Program Performance Standards.

To accomplish this, the following PII from my child's record must be shared:

List the PII (Name, DOB, Address, etc.)

I, _____, consent to NINOS, Inc. disclosing my child's
Name of Parent/Guardian
personal identifiable information listed to _____
Name of organization receiving the PII
for the purposes stated above.

I have been fully informed and understand NINOS, Inc.'s request for my consent, as described above. This information will be released/requested upon receipt of my written consent. I also understand that my consent is voluntary and may be revoked at any time.

Parent/Guardian Signature Date

Parent/Guardian Printed Name Staff's name and signature

Child's Information

First Name:		Last Name:		CPID	
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Center: _____