



CONSENT TO RELEASE Agency Transfers

Family Name: _____
Home Address: _____
City, State, Zip: _____

I give my consent to _____ to disclose information from my files to Agape Manor Home Child Placing Agency for the purpose of Transfer of License and/or Home Study to/from one Foster Care Agency to Another.

Release From:

From: _____

Release To:

To: Agape Manor Home CPA
633 W. CenterVille Rd Suite 318
Garland, TX 75041
Attention: Jacob Mathew , Administrator
972-840-8130 or Fax:972-840-8199

I understand that information will be disclosed for the purpose(s) noted above, and that the information released will be limited to the following kinds of information.

- a. Compliance with Minimum Standards History
- b. Serious Incidents; abuse or neglect and/or complaint investigations
- c. Quarterly Evaluations
- d. Training records
- e. Home Study
- f. Home Inspections
- g. Debilitating medical and/or mental health concerns
- h. Other relevant information

This consent may be revoked at any time by notifying _____ in writing. It may also be revoked by specifying a date, time, event, or condition upon which your consent will expire (if so, please specify: _____). In any event, this consent will expire within 90 days of the date signed. My signature indicates that I understand the content of this form and that Agape Manor Homes has, in no way, solicited my interest in transferring my license and/or medical or mental health information to Agape Manor Homes.

Signature Date

Witness Date

Signature Date

Witness Date