



Food Bank of Northwest Louisiana 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

SSN: _____

Phone: _____

The Food Bank of Northwest Louisiana 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. Food Bank of Northwest Louisiana (Administrating Agency) administers Oasis Insight on behalf of participating agencies of the Oasis Insight Assistance Network, including Food Bank of Northwest Louisiana (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 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.

Dependent's Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize Food Bank of Northwest Louisiana, as an 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 Food Bank of Northwest Louisiana (Participating Agency) as an 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 must be kept on file with the Agency for a minimum of three years from the signing date.