

FILE #: _____

Recovery for Ike Survivors Enterprise (RISE)
A Texas Disaster Case Management Consortium

I, _____ born on _____, who was residing at _____, _____, Texas _____, prior to Hurricane Ike, do hereby consent to disclosure of the information collected by FEMA under my Application Number, _____, to the Recovery for Ike Survivors Enterprise (RISE) Consortium and/or the individuals listed below. My phone number is _____.

I specifically consent to have the following information disclosed to them:

1. My entire case files, including inspection report, amount of assistance, etc.;
2. My current contact information:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

In order to provide goods and services (including Case Management), to coordinate recovery efforts among agencies and non-profits to prevent the duplication of services, the above information may be disclosed to the following organizations and/or individuals:

1. Recovery for Ike Survivors Enterprise (RISE) Consortium Agencies
2. Local Long Term Recovery Committees and/or Unmet Needs Table

Additionally, I consent to have the above named organizations and/or individuals speak on my behalf and represent me before FEMA.

Additionally, I consent disclosure of my information to any other organization that is a member in good standing of either National Voluntary Organizations Active in Disaster (NVOAD) or that is participating in a FEMA or state recognized Long Term Recovery Committee (LTRC) for the FEMA Disaster Number **1791-DR-TX**.

This consent is made pursuant to and consistent with 28 U.S.C. 1746. I declare, under penalty of perjury, that the foregoing is true and correct.

Signature of Applicant Providing Consent

Date