



ADDENDUM TO RELEASE OF INFORMATION

To be completed by offender

Last known address: _____

Table with 3 columns: Child(ren) Name(s), DOB, Gender (Male or Female)

Parent's description of involvement with Children's Administration:

Has parent been involved with Child Protective Services or Welfare in Washington or another state? [] Yes [] No

If yes, list state and approximate date: _____

Has a child been involved with Tribal Child Welfare in Washington or another state? [] Yes [] No

If yes, list state and approximate date: _____

Has parent been involved with Tribal Court or other Tribal services in Washington or another state? [] Yes [] No

If yes, list state and approximate date: _____

Please give a brief description of the case:

Empty box for case description

(initial) I allow any child welfare/protection agency (tribal and/or state) to disclose any level of information they may have on me, my family and/or children, including but not limited to founded (substantiated), unfounded (unsubstantiated), and "information only" referrals.

(initial) I allow the Department of Social and Health Services and/or Department of Corrections to re-disclose protected health and/or other information to mental health, chemical dependency, and child welfare service providers.

I, _____ certify under penalty of perjury that the information provided in the attached documents are true and accurate. I understand that any misrepresentation or fraudulence will automatically disqualify me from participation in the Parent Sentencing Alternative Program – SSB 6639.

Print Name(first, middle, last)

DOC#/DOB

Offender Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 003-03, RCW 42.56, RCW 40.14.