

**Community Based Organization (CBO)  
Consent for COVID-19 Wraparound Assistance**

<b>Community Based Organization (CBO) information</b>	
Organization name:	Staff name:
<b>Person requesting services</b>	
Name (first, middle, last):	Date services requested from organization:

I agree to let my information be shared in the following ways: I agree to let the Community Based Organization (CBO) and staff person listed above see and use my personal information to help me receive supports and services for food, rent, utilities and other needs supports during my COVID-19 isolation and quarantine period. I agree to let the CBO listed above share my information with the Oregon Health Authority (OHA). The CBO and OHA are required to protect and keep any signed information private.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When client's signature is not feasible, can verbally confirm by:

\_\_\_\_\_ (staff's name), \_\_\_\_\_ (organization's name)

Date: \_\_\_\_\_

Please keep the completed copy on file.