



This Release of Information Form is to be completed separately for all members of the household. Where the form is completed for a child, it should be signed by an adult with parental responsibility for that child. It may also be signed by a representative where the adult is unable to sign for themselves.

The intention of this document is to facilitate the delivery of financial assistance by providing authorization for the Department of Financial Assistance to communicate with external organizations.

The Department has authorization to gather information as is reasonably required for the delivery of financial assistance in regards to household members as per the Financial Assistance Act, 2022 and associated Regulations.

Your personal information is protected by law, including the Data Protection Act (2021 Revision). The Department of Financial Assistance will only collect the information which is necessary to render services to you. The Department of Financial Assistance will only provide third parties with information about you which relates to your application or services from the Department. We may also share information with other entities to ensure that you receive the right level of support.

You can request to access any information that we hold about you through the Freedom of Information Act or Data Protection Act, as relevant. If you have a concern and wish to make a complaint, you may contact us at DFACCompliance@gov.ky. If you wish to see more details about how we process any data shared with us, please view the Privacy Notice on our website at dfa.gov.ky.

Application ID	<input type="text"/>	FAS ID	<input type="text"/>
Name	Date of Birth		<input type="text" value="dd/mm/yyyy"/>
<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>	<input type="text" value="Last Name"/>	
Other Name (AKA)	<input type="text" value="Middle Name"/>		<input type="text" value="Last Name"/>
<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>		<input type="text" value="Last Name"/>
Other Name (AKA)	<input type="text" value="Middle Name"/>		<input type="text" value="Last Name"/>
<input type="text" value="First Name"/>	<input type="text" value="Middle Name"/>		<input type="text" value="Last Name"/>
Physical Address of Household Member			
<input type="text" value="House#"/>	<input type="text" value="Street Name"/>		
<input type="text" value="Apt#"/>	<input type="text" value="Bldg Name"/>	<input type="text" value="District/Island"/>	
Mailing Address	General Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="text" value="P.O. Box"/>	<input type="text" value="Postal Code"/>	<input type="text" value="Post Office"/>	

If you are a business owner please include your business name and details below. If you are an owner of multiple businesses, please list all.

Business Name	<input type="text"/>
Business Address	<input type="text"/>
Business Name	<input type="text"/>
Business Address	<input type="text"/>

The following organizations/individuals are a required organization/individual to provide authorization for information sharing:

- All Public Authorities; Ministries, Portfolios, Offices, Departments, Statutory Authorities, Statutory Bodies and Government Companies.
- All Cayman Islands Local Banks and Money Transfer Agencies
- All Health Insurance Companies, Pension Companies and Educational Institutions
- All Local Churches, Service Clubs and other Not-For-Profit Organizations
- Employer
- Utility Companies, Landlords, Hotels and Other Accommodations
- Vendors of Services Requested
- Consulates
- Attorneys / Barristers / Lawyers

Please specify any other entities or individuals that you would like to provide consent for information sharing:

Name of Individual or Organization

Contact Name

Telephone

Email Address

Name of Individual or Organization

Contact Name

Telephone

Email Address

Name of Individual or Organization

Contact Name

Telephone

Email Address

If information that may impact your financial assistance is brought to the Department's attention and cannot be verified by you, this form authorizes the Department to make reasonable inquiries with organizations not listed here.

Visit us at dfa.gov.ky to view the Department's [Privacy Notice](#) and learn more about the circumstances in which the Department contacts the above organizations.

I, _____ (household member), authorize the Department of Financial Assistance to exchange information with the agencies, institutions, and/or individuals listed above as necessary, to provide services for myself and/or my household. I understand that such exchanges will only occur when required for service provision and that refusal to grant this authorization may result in my household and/or me not being able to access services via the Department of Financial Assistance. Additionally, I consent to the Department of Financial Assistance sharing information with the identified entities, and I authorize those entities to provide relevant information regarding my and/or my household's case history and circumstances. This information may be exchanged verbally, in writing, or through system records as needed.

Signature

Date

Signature

Date

Signature

Date

If this form is being completed by the approved authorized representative for the applicant/ recipient, the below needs to be completed.

I, _____ (representative), confirm that the information provided above is accurate and truthful to the best of my knowledge.

Signature

Date

Thank you for completing this form. This form can be submitted online by visiting dfa.gov.ky or via email to dfainfo@gov.ky.