POOR LITTLE RICH KIDS LLC

APPLICANT FORM

CONSENT & RELEASE

Applicant choice and limited coordination authorization

This form lets you choose which information Poor Little Rich Kids LLC (Safe Haven & Heritage Healing) may share for housing inquiries, property matching, referrals, and approved transportation planning. Signing does not guarantee placement, and you may ask questions before signing.

PERSON GIVING PERMISSION

APPLICANT LEGAL NAME

INTAKE ID

SAFE CONTACT PHONE / EMAIL

DATE OF BIRTH (OPTIONAL FOR IDENTITY MATCH)

WHO MAY COMMUNICATE

PLRK / AUTHORIZED REPRESENTATIVE

SPECIFIC REFERRAL AGENCY / STAFF

PROPERTY / MANAGING PARTNER (WHEN KNOWN)

WHAT CAN BE SHARED (CHOOSE WHAT IS NEEDED)

I authorize coordination of:

- ☐ Contact information
- ☐ Household size / desired area
- ☐ Budget / funding status
- ☐ Accessibility / support REQUESTS
- ☐ Referral status
- ☐ Move-in scheduling

Do not include detailed diagnoses, medical files, SSNs, full bank/card numbers, or confidential domestic-violence shelter locations in routine referrals. Separate, specific permission is required for sensitive details.

OTHER PERMITTED INFORMATION / EXCLUSIONS (OPTIONAL)

CONSENT & RELEASE

Continued • scope, limits, expiration and signatures

USE, LIMITS AND EXPIRATION

Information may be shared only with the listed/authorized referral or property representatives to assess appropriate accommodations, available rooms, funding, and move-in logistics. I may revoke this permission in writing for future disclosures. Revocation does not undo sharing already completed with permission. Any property application or lease is separate.

PERMISSION EXPIRES ON (DATE) OR ON COMPLETION OF THIS REFERRAL

TRANSPORTATION COORDINATION (OPTIONAL)

Contact me about a separately approved ride

☐ Yes ☐ No ☐ Discuss first

ANY SAFE COMMUNICATION LIMITATION (OPTIONAL)

YOUR ACKNOWLEDGMENT

I have had a chance to ask questions. I understand which information may be exchanged and that I may request a copy. I understand no room, funding, ride, or care service is promised by signing this form.

APPLICANT / AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

IF REPRESENTATIVE: AUTHORITY / RELATIONSHIP

STAFF WITNESS (IF APPLICABLE)

NOTES / SPECIFIC LIMITATIONS ON RELEASE