

Request to Share Contact Information – Release Form

By signing below, you are giving Southern Tier Independence Center (STIC) permission to send your contact information including name, phone number and email to consumers looking to hire a Personal Assistant (PA) and for whom STIC is the CDPAP Facilitator.

Please note that Consumers/Designated Representatives (DR) will contact you directly at the phone number / email provided if they are interested in speaking to you about a position that they have available. CDPAP hiring decisions are made solely by Consumers/DRs. STIC does not participate in or make recommendations for hiring PAs. By sharing your information, you are not guaranteed to be hired to work for a consumer.

Your contact information will continue to be provided for 90 days from the date this document is signed. It is your responsibility to notify STIC’s CDPAP department if you would like us to continue to share your information after the initial 90 days. You will also be responsible for notifying STIC’s CDPAP Department if you no longer want us to share this information at any time. Upon receipt of such notification, STIC will stop sending out your contact information immediately. However, understand that we will not be able to take back any information that we had previously provided to consumers based on your signature below.

P.A. Name: _____ **Phone:** _____

Email (optional): _____

Language(s) _____

Please list the county and areas within the county that that you are willing to work:

STIC is the facilitator for the following counties:

- Broome, Cayuga, Chemung, Chenango, Cortland, Delaware, Madison, Onondaga, Otsego, Schoharie, Schuyler, Seneca, Stueben, Tioga, Tompkins, Yates

Indicate the city/town within an above county you are willing to work or if the whole county, list the county name:

Signature of PA _____

Date _____

Extension Requested

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____