



Oklahoma Health Care Authority (OHCA)  
Living Choice Demonstration  
Authorization for Release of Information

I, \_\_\_\_\_, authorize Oklahoma Housing Finance Agency (OHFA) to discuss and release information about my application, (re)certification, inspection, etc. for the Section 8 Housing Choice Voucher Program to the Oklahoma Health Care Authority (OHCA) Living Choice Transition Coordinator, Living Choice Housing Coordinator or Housing Specialist listed below.

_____	_____
Print Name of Transition Coordinator	Print Name of Agency Represented
_____	
Phone Number (including area code)	
_____	
Housing Coordinator	Housing Specialist
_____	
Phone Number (including area code)	

**I understand this authorization shall remain in effect until I submit a signed letter to OHFA requesting to terminate the authorization.**

_____	_____
Signature of Applicant/Participant	Date
_____	
Last 4 digits of SSN	