



NYC Administration for Children's Services

Division of Family Permanency Services
150 William Street, 18th Floor
New York, NY 10038

Eric Brettschneider
Acting Commissioner

Julie Farber
Deputy Commissioner

Iris Kaplan
Associate Commissioner

Date:

CONSENT FOR NYCHA ADVOCACY

I, _____, voluntarily grant consent for **NYC Administration**
YOUTH'S NAME
for Children's Services (ACS) or its foster care agency provider to contact **New York City Housing**
Authority (NYCHA) or its contracted building management agent on my behalf for the purpose of
requesting my removal from the lease of: _____
PARENT'S NAME
at _____.
PARENT'S ADDRESS

I am permitting ACS and my foster care agency provider to disclose to NYCHA or any of its contracted management agent that I am now in foster care, and I am seeking NYCHA N-zero priority housing, so that I may be final discharged from foster care.

This consent for ACS and representative of my foster care agency provider to communicate with NYCHA or any of its contracted management agent on my behalf remains in effect until NYCHA processes my housing application or until I withdraw my consent by notifying ACS in writing.

YOUTH SIGNATURE

DATE