ACCORD
A Community Action Agency

# ACCORD

Allegany County Community Opportunities and Rural Development, Inc.
*Helping People. Changing Lives. Since 1972.*

Community Action Agency • Rural Preservation Company

**Lesley Gooch-Christman**
*Executive Director*

**Board of Directors**
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**Corporate Office**
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PO Box 573
Belmont, NY 14813-0573
Tel: (585) 268-7605
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**Crisis Hotline**
(800) 593-5322

**Website**
www.accordcorp.org

**Business & Community Development Services**
*Jeff Stager, Director*

**Child Care Services**
*Christine Cole, Director*

**Community Operations**
*Belinda Knight, Director*

**Finance Division**
*Tim Mahoney, Comptroller*

**Head Start Division**
*Lynn Langworthy, Director*

**Human Resources**
*Trina LaFleur, Director*

HCV RENTAL ASSISTANCE PROGRAM

To whom it may concern:

Thank you for your interest in applying for Section 8 Rental Assistance with the ACCORD Corporation. Please be sure that you complete all questions and fill in all blanks for everyone in your household on all the attached pages.

Incomplete applications will not be accepted and will be returned to you for completion.

Each application **MUST** be accompanied by proof of the applicant's current address. The only exceptions to this requirement are:

- Project-Based applications, and;
- Applications submitted by applicants that are not residing in the LA's jurisdiction at the time of application.

Proof of address may be copies of any **TWO** of the following documents:

- Most recent gas, electric, water/sewer bill, cable tv, credit card statement, rent receipt, etc...
- Paystub with your name and address as well as your employer's
- Current Social Services Statement
- Signed and dated current lease agreement
- Statement from public official, counseling center, ARC worker, etc..
- Current Driver's License

**Applications received without TWO proofs of address will be considered not residing in our jurisdiction. Applicants will be required to complete initial lease up for a minimum of 12 months in Allegany County.**

Once you have completed the application please return it to our office and you will be placed on the waiting list. Once you are placed on the waiting list you will receive a confirmation letter.

If you have any questions please feel free to contact me at (585) 268-7605, ext. 1029. Thank you for your interest and cooperation in filling out this application.

Sincerely,

ACCORD's Housing Counselor

Allegany County Community Opportunities and Rural Development, Inc. is an equal opportunity provider and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, or call (800) 795-3272 voice or (202) 720-6382 (TDD).

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization**: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|---|---|
| **Applicant Name:** | |
| **Mailing Address:** | |
| **Telephone No:** | **Cell Phone No:** |
| **Name of Additional Contact Person or Organization:** | |
| **Address:** | |
| **Telephone No:** | **Cell Phone No:** |
| **E-Mail Address (if applicable):** | |
| **Relationship to Applicant:** | |

**Reason for Contact:** (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

| | |
|---|---|
| | |

**Signature of Applicant** **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

EQUAL HOUSING OPPORTUNITY

# WAITING LIST APPLICATION

## Allegany County Opportunities and Rural Development Corporation (ACCORD)

## Housing Choice Voucher (HCV) Program

***This form must be completed by the Head of Household. Use the legal name for each household member.***

| Date | Head of Household Name | Email Address | |
|---|---|---|---|
| | | | |

| Home Phone | Work Phone | Cell Phone | Other Phone |
|---|---|---|---|
| | | | |

| Address (Please list last known address if you are currently homeless) | Apt. # | City | State | ZIP Code |
|---|---|---|---|---|
| | | | | |

Yes ☐ No ☐ Is your mailing address the same as listed above?

| If No: | Mailing Address | Apt. # | City | State | ZIP Code |
|---|---|---|---|---|---|
| | | | | | |

**If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.**

## I. HOUSEHOLD: List all people who will live in the home.

**Please note that information about disability status and age may be used to determine selection from the waiting list.**
**Enter information about all family members who will live in the home, including any unborn children.**
**Relation:** head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult
**Race:** Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

| **1. Head of Household** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Last Name | | First Name | MI | Date of Birth | | Sex (M/F) | Relation |
| | | | | | | | HEAD |
| Disability Yes ☐ No ☐ | U.S. Citizen Yes ☐ No ☐ | Full-time Student Yes ☐ No ☐ | Race | Hispanic/Latino Yes ☐ No ☐ | Social Security # | | Alien Registration # |
| **2. Household Member** | | | | | | | |
| Last Name | | First Name | MI | Date of Birth | | Sex (M/F) | Relation |
| | | | | | | | |
| Disability Yes ☐ No ☐ | U.S. Citizen Yes ☐ No ☐ | Full-time Student Yes ☐ No ☐ | Race | Hispanic/Latino Yes ☐ No ☐ | Social Security # | | Alien Registration # |
| **3. Household Member** | | | | | | | |
| Last Name | | First Name | MI | Date of Birth | | Sex (M/F) | Relation |
| | | | | | | | |
| Disability Yes ☐ No ☐ | U.S. Citizen Yes ☐ No ☐ | Full-time Student Yes ☐ No ☐ | Race | Hispanic/Latino Yes ☐ No ☐ | Social Security # | | Alien Registration # |
| **4. Household Member** | | | | | | | |
| Last Name | | First Name | MI | Date of Birth | | Sex (M/F) | Relation |
| | | | | | | | |
| Disability Yes ☐ No ☐ | U.S. Citizen Yes ☐ No ☐ | Full-time Student Yes ☐ No ☐ | Race | Hispanic/Latino Yes ☐ No ☐ | Social Security # | | Alien Registration # |
| **5. Household Member** | | | | | | | |
| Last Name | | First Name | MI | Date of Birth | | Sex (M/F) | Relation |
| | | | | | | | |
| Disability Yes ☐ No ☐ | U.S. Citizen Yes ☐ No ☐ | Full-time Student Yes ☐ No ☐ | Race | Hispanic/Latino Yes ☐ No ☐ | Social Security # | | Alien Registration # |
| **6. Household Member** | | | | | | | |
| Last Name | | First Name | MI | Date of Birth | | Sex (M/F) | Relation |
| | | | | | | | |
| Disability Yes ☐ No ☐ | U.S. Citizen Yes ☐ No ☐ | Full-time Student Yes ☐ No ☐ | Race | Hispanic/Latino Yes ☐ No ☐ | Social Security # | | Alien Registration # |

*Please provide any additional household member information on a separate sheet of paper.*

## II. ADDITIONAL HOUSEHOLD INFORMATION

| YES | NO | Question | | |
|---|---|---|---|---|
| ☐ | ☐ | Are you currently homeless? | | |
| ☐ | ☐ | Is any household member a U.S. military veteran? | | |
| ☐ | ☐ | Is any household member subject to lifetime sex offender registration? | | |
| | | If YES: | Who and Where: | |
| | | | Details of Crime: | |
| ☐ | ☐ | Has any household member been convicted of any crime (besides traffic violations)? | | |
| | | If YES: | Who: | |
| | | | State: | |
| ☐ | ☐ | Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing? | | |
| | | If YES: | Who and Where: | |
| | | | Details of Crime: | |

## III. FAMILY'S ANNUAL INCOME

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.

| Household Member Name | Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.) | Amount of income per year |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| Total Family Income | | $ |

*Please provide any additional income information on a separate sheet of paper.*

## IV. FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRA, life insurance policy, money market account, 401K, and trust funds.

| Household Member Name | Name and Full Address and Phone Number or Email Address of Asset | Cash Value | Interest Rate | Annual Income |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

*Please provide any additional asset information on a separate sheet of paper.*

## V. CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

**Criminal and Administrative Actions for False Information**

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse / Co-Head Date

**Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.**

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# What You Should Know About EIV

## A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

### What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

### What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

### What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only <u>one</u> home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

### Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 *(Federal Privacy Act Notice and Authorization for Release of Information)* or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***<u>Note:</u> If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.***

### What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

*February 2010*

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

## What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is ***FRAUD*** *and a* ***CRIME***.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to $10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

## What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

***Debts owed to PHAs and termination information*** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

***Employment and wage information*** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

***Unemployment benefit information*** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

***Death, SS and SSI benefit information*** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772–1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

***Identity Theft.*** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: http://www.ftc.gov). Provide your PHA with a copy of your identity theft complaint.

## Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: http://www.hud.gov/offices/pih/programs/ph/rhiip/uiv.cfm.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

**Signature** **Date**

# ACCORD

*Allegany County Community Opportunities and Rural Development, Inc.*

## Authorization to Release and/or Obtain Information

The program participant, or his/her personal representative, may voluntarily complete this *Authorization to Release or Obtain Information* granting permission to ACCORD to use, disclose, and/or obtain confidential, personal, and/or private information pertaining to the program participant such as personal health information and personally identifiable information. ACCORD prohibits the use, disclosure, and obtainment of confidential, personal, and/or private program participant information without the consent of the program participant or his/her personal representative, except in circumstances described in the attached *Disclosure without Consent Notice*.

### Definitions

*Personally Identifiable Information (PII)* is information that could identify a specific individual, including but not limited to an individual's name, name of an individual's family member, street address of the individual, social security number, telephone number, date and/or place of birth, mother's maiden name, or other information that is linkable to the individual.

*Personal Health Information (PHI)*, also referred to as protected health information, generally refers to demographic information, medical history, test and laboratory results, insurance information and other data that a healthcare professional collects to identify an individual to determine appropriate care.

Program Participant Name (Print): _____

### Authorization to Release and/or Obtain Information

I, (print name) _____

authorize the release of the following information:

*Description of the information to be used/disclosed/obtained (specify documents, records, etc. if applicable):*

| |
|---|
| |

to / from:

*Identify the party or class of parties that the participant is authorizing the information described above to be disclosed to and/or obtained from: (If known, include the name[s] of the agency[ies], addresses, name[s] of the person[s], and/or the job title[s] of the person[s].)*

| |
|---|
| |

for the purpose of:

*Explain why the information will be disclosed:*

| |
|---|
| |

**Authorization to Release and/or Obtain Information** (continued from Page 1)

I hereby authorize the use, disclosure and/or obtainment of the information described on page one (1) of this form to and/or from the person(s) and/or class of parties identified on page one (1) of this form. I understand that:

1. Only this information may be used, disclosed and/or obtained as a result of this authorization.
2. This information is confidential and cannot be legally disclosed without my permission.
3. If this information is disclosed to a person, persons, and/or class of parties who is not required to comply with federal privacy protection regulations, then it may be re-disclosed and would no longer be protected.
4. I have the right to revoke this authorization at any time. I am aware that my revocation will not be effective if the person(s) and/or class of parties I have authorized to receive this information has/have already taken action as a result of this authorization.
5. I do not have to complete or sign this authorization and my refusal to complete or sign this authorization will not affect my eligibility or ability to obtain and/or participate in programs and/or services provided by ACCORD.
6. I have the right to inspect and copy my own records and personal health information to be used and/or disclosed in accordance with the requirements of the federal privacy protection regulations.

*Select one of the following use/disclosure options:*

☐ **One Time Use/Disclosure:**

I hereby authorize the one-time use, disclosure, and/or obtainment of the information described on page one (1) of this form to and/or from the person(s) and/or class of parties identified on page one (1) of this form. My authorization will expire:

- ☐ When acted upon;
- ☐ 90 days from the date of my signature on this form; or
- ☐ Other: _____

☐ **Periodic Use/Disclosure:**

I hereby authorize the periodic use, disclosure, and/or obtainment of the information described on page one (1) of this form to and/or from the person(s) and/or class of parties identified on page one (1) of this form as often as necessary to fulfill the purpose explained on page one (1) of this form. My authorization will expire:

- ☐ When I am no longer receiving services and/or participating in programs provided by ACCORD;
- ☐ One (1) year from the date of my signature on this form; or
- ☐ Other: _____

**Program Participant Signature:**

I hereby certify that I authorize the used, disclosure, and/or obtainment of my information as set forth in this document.

_____ _____

Program Participant / Personal Representative Signature Date

Description of Personal Representative's authority to act for the program participant:

_____

**Witness Statement and Signature:**

I have witnessed the execution of this authorization and hereby verify that a copy of this signed authorization was provided to the program participant and/or the participant's personal representative.

_____

Staff Person's Name and Job Title

# ACCORD

*Allegany County Community Opportunities and Rural Development, Inc.*

**Refusal and/or Revocation of Authorization to Release and/or Obtain Information**

Program Participant Name (Print): _____

I hereby (select one):

☐ refuse to authorize the use, disclosure, and/or obtainment of my confidential, personal, and/or private information.

☐ revoke my authorization to use, disclose, and/or obtain the information described on page one (1) of this form to and/or from the person(s) and/or class of parties identified on page one (1) of this form. I understand that my revocation of this authorization will not have any effect on any actions taken prior to the date of this revocation.

_____ _____

Program Participant / Personal Representative Signature Date

_____

Program Participant / Personal Representative Printed Name

Description of Personal Representative's authority to act for the program participant:

_____

# ACCORD

*Allegany County Community Opportunities and Rural Development, Inc.*

## Disclosure without Consent Notice

ACCORD may, from time to time, disclose program participants' personally identifiable information (PII) without consent, provided ACCORD notifies program participants about the disclosure; provides program participants, upon participants' request, with a copy of the PII to be disclosed in advance; and gives program participants the opportunity to challenge and refuse disclosure of the information prior to ACCORD's disclosure of the PII.

ACCORD may disclose PII without program participants' consent to:

(1) ACCORD employees or others acting on behalf of ACCORD, such as contractors and subreceipients, if such outside parties provide services for which ACCORD would otherwise use employees; ACCORD determines it is necessary for the services being provided to the program participant; and ACCORD maintains oversight with respect to the use, further disclosure, and maintenance of program participant records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure;

(2) ACCORD employees or others acting on behalf of ACCORD, or from a federal or state entity, in connection with an audit or evaluation of ACCORD's programs and/or services, or for the enforcement of or compliance with federal legal requirements; provided ACCORD maintains oversight with respect to the use, further disclosure, and maintenance of program participant records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure, except when the disclosure is specifically authorized by federal law or by the responsible regulatory official;

(3) ACCORD employees, others acting on behalf of ACCORD, or a federal or state entity to conduct a study to improve program/service outcomes, including the quality of programs, for, or on behalf of, ACCORD, provided ACCORD maintains oversight with respect to the use, further disclosure, and maintenance of program participant records, such as through a written agreement, including the destruction of the PII when no longer needed for the purpose of the disclosure;

(4) Appropriate parties in order to address a disaster, health or safety emergency during the period of the emergency, or a serious health and safety risk such as a serious food allergy, if ACCORD determines that disclosing the PII is necessary to protect the health or safety of program participants or other persons;

(5) Comply with a judicial order or lawfully issued subpoena, provided ACCORD makes a reasonable effort to notify program participants about all such subpoenas and court orders in advance of the compliance therewith, unless:

   a. A court has ordered that neither the subpoena, its contents, nor the information provided in response be disclosed;

   b. The disclosure is in compliance with an ex parte court order obtained by the United States Attorney General (or designee not lower than an Assistant Attorney General) concerning investigations or prosecutions of an offense listed in *18 U.S.C. 2332b(g)(5)(B)* or an act of domestic or international terrorism as defined in *18 U.S.C. 2331*.

   c. A program participant is a party to a court proceeding directly involving child abuse and neglect (as defined in section 3 of the *Child Abuse Prevention and Treatment Act [42 U.S.C. 5101]*) or dependency matters, and the order is issued in the context of that proceeding, additional notice to the program participant by ACCORD is not required; or

   d. ACCORD initiates legal action against a program participant or a program participant initiates legal action against ACCORD, then ACCORD may disclose to the court, also without a court order or subpoena, program participant information relevant for ACCORD to act as plaintiff or defendant.

(6) The Secretary of Agriculture or an authorized representative from the Food and Nutrition Service to conduct program monitoring, evaluations, and performance measurements for the Child and Adult Care Food Program under the *Richard B. Russell National School Lunch Act* or the *Child Nutrition Act of 1996*, if the result will be reported in an aggregate form that does not identify any individual: Provided, that any data collected must be protected in a manner that will not permit the personal identification of program participants by other than the authorized representatives of the Secretary of Agriculture and any PII must be destroyed when the data are no longer needed for program monitoring, evaluations, and performance measurements;

(7) A caseworker or other representative from a state, local, or tribal child welfare agency, who has the right to access a case plan for a program participant who is in foster care placement, when such agency is legally responsible for the program participant's care and protection, under state or tribal law, if the agency agrees in writing to protect PII, to use information from the program participant's case plan for specific purposes intended of addressing the program participant's needs, and to destroy information that is no longer needed for those purposes; and

(8) Appropriate parties in order to address suspected or known child maltreatment and is consistent with applicable federal, state, local, and tribal laws on reporting child abuse and neglect.