

Hardee Help Center

The Salvation Army Wauchula Service Unit and United Way of Central Florida

"A Christ-centered community service organization bringing hope and healing to Hardee County families in difficult seasons of life."

GENERAL RELEASE OF INFORMATION

<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <h3 style="margin: 0;">Release Form for Adults</h3> </div> </div> <p>I, being of legal age, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use the story and/or likeness in which he/she appears in whatever they desire. Furthermore, I consent that such story and/or likeness shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatever on my part.</p> <p>Name (Print): _____ Signature: _____ Company: Hardee Help Center Company Address: 713 East Bay Street Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Birthdate: ____/____/____</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <h3 style="margin: 0;">Release Form for Minors</h3> </div> </div> <p>I, being the parent/guardian of _____, hereby grant United Way of Central Florida (UWCF), its assigns or successors, permission to use the story and/or likeness in which he/she appears in whatever they desire. Furthermore, I consent that such story and/or likeness shall be the property of UWCF, and they shall have the right to duplicate, reproduce and make other uses of such story and/or likeness as may be necessary, free and clear of any claim whatever on my part.</p> <p>Name of Minor: _____ Birthdate: ____/____/____ Parent Name (please print): _____ Parent Signature: _____ Address: _____ City: _____ State: _____ Zip: _____</p>
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CLIENT NAME(S): _____ DOB: _____

Individuals (family or friends) or organizations authorized to receive information from Hardee Help Center staff relating to the request for financial, food, or resource information assistance.

Name: _____ **Relationship:** _____

By my signature, or mark, I authorize the Hardee Help Center as the Salvation Army Wauchula Service Unit to disclose, release and receive information to and from the following:

(list agency or agencies)

- (1) Information regarding my general condition, past or present
 (2) Information concerning services provided to or requested by me (3) Other _____

Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, net income from the operation of a business, property exemption status, and alimony or child support payments.

Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

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| <ul style="list-style-type: none"> • Past/Present Employers Alimony/Child Support Providers • Banks, Financial or Retirement Institution • Social Security Administration • State Unemployment Agency Veteran's Administration | <ul style="list-style-type: none"> • Peace River Electric Coop • Clerk of Courts • Manatee Community Action Agency • Utility Companies • United Way • Salvation Army • Schools | <ul style="list-style-type: none"> • Hardee County Property Appraiser • Churches • Nu-Hope Elder Care Services, Inc. • Landlord/Apt. Complex Managers • Social Service Agencies |
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Agreement to Conditions:

I may revoke this consent at any time, except to the extent that action has been taken in reliance thereon. This consent, unless expressly revoked earlier, will expire after one year from the date originally signed. This information has been disclosed to you from records whose confidentiality is protected by Federal and/or State law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

 Signature of Applicant (Printed Name) Date

 Signature of Salvation Army Representative (Printed Name) Date