

Share The Blessings

2016 Client Registration Form

Please note that this must be completed and accompanied by photo identification, or Access ID at the distribution.
Verification of your current address, in Charlotte County may also be required if not updated on your ID.

Full Name: _____ Date of Birth: _____
Citizen: Yes or No Gender _____ Social Security Number: _____
Street Address: _____ City: _____ Zip: _____
Email Address: _____
Phone: _____ Cell: _____

Martial Status: Married Single Widowed Divorced Separated
Veteran: Yes or No
Disabling Condition: Yes or No
HOMEBOUND:
Referred by:

Number of household members: _____
Adults: _____ seniors 65+ _____ Children: _____

Please provide Name, Date of Birth, Gender, SSN, and relationship for each member of your household.

ACCESS ID# _____

RELEASE OF INFORAMTION

Authorization of Release of Records/Information. Each head of household must sign and complete or individual 18 or older. I, hereby authorize and give my permission to the SHARE THE BLESSINGS MINISTRY to release any and all information from my files, HMIS record and or engage in verbal or written communication for myself, and/or my child/children, for the purpose of providing services, receiving pertinent information form other agencies, and facilitating the case management procedure.

Signature: _____

No person shall, on the grounds of race, color, sex, religion, age, disability or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, activity or service from SHARE THE BLESSINGS MINISTRY for my self or family.

OFFICE USE ONLY ***CLIENT INTAKE*******

STBM: _____ **DATE:** _____