

# 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.

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

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

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

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

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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:** \_\_\_\_\_