



People
To
People
Ministries

Privacy Release Form

Authorization To Obtain & Release of Information

2019

HEAD OF HOUSEHOLD _____ SS # _____ - _____ - _____ Date of Birth _____
(LAST) Please Print Clearly (FIRST)

SECOND PERSON _____ SS # _____ - _____ - _____ Date of Birth _____
(LAST) Please Print Clearly (FIRST)

ADDRESS _____ PHONE # _____
WE MUST have a valid phone number

CITY _____ ZIP _____ HOUSEHOLD INCOME \$ _____

In order to get ***financial or program assistance***, you must ***provide personal ID, proof of Wayne County residency for the past 90 days, proof of income for past 30 days and Social Security cards for EVERYONE in the household.***

CHECK ALL BOXES BELOW:

- PHOTO ID
- 30 DAYS PROOF OF INCOME
- 90 DAYS PROOF OF RESIDENCY
(ex. any documents with name and address)
- SOCIAL SECURITY CARDS
(All members of household)

List **OTHER PEOPLE** living in your household, along with date of birth and social security numbers.

NAME _____ SS # _____ - _____ - _____ Date of Birth _____ Age _____ Male or Female

NAME _____ SS # _____ - _____ - _____ Date of Birth _____ Age _____ Male or Female

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NAME _____ SS # _____ - _____ - _____ Date of Birth _____ Age _____ Male or Female

NAME _____ SS # _____ - _____ - _____ Date of Birth _____ Age _____ Male or Female

I give my permission to People To People Ministries, Inc., to release or exchange my information with any other government/social service agency, business, or pertinent party in order to address our needs, and/or to prevent duplication of services. I also realize that services may be denied if I do not provide necessary documentation.

Signature _____ Date _____

Witness _____ Date _____

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People To People Ministries is a nonprofit 501(c)(3) organization

