



People  
To  
People  
Ministries

# Privacy Release Form

Authorization To Obtain & Release of Information

2019

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.**

HEAD OF HOUSEHOLD \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) Please Print Clearly (FIRST)

SECOND PERSON \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(LAST) Please Print Clearly (FIRST)

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_  
*WE MUST have a valid phone number*

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOUSEHOLD INCOME \$ \_\_\_\_\_

List **OTHER PEOPLE** living in your household.

Circle Below

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male or Female

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male or Female

NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male or Female

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NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male or Female

<b>FOR OFFICE USE ONLY</b>		<b>DO NOT WRITE IN THIS BOX</b>	
<input type="checkbox"/> PHOTO ID	<input type="checkbox"/> 30 DAYS PROOF OF INCOME	<input type="checkbox"/> 90 DAYS PROOF OF RESIDENCY (ex. any documents with name and address)	<input type="checkbox"/> SOCIAL SECURITY CARDS (All members of household)

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 \_\_\_\_\_

454 E. Bowman St. Wooster, Ohio 44691 Phone: 330-262-1662 Fax: 330-264-1828  
Website: [www.ptpm.net](http://www.ptpm.net)

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



Special Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MONTH	DAY ONLY	Total # of Family Members Served	Cashier Initials	Value Total
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

<b>Electrical Appliance (1 yearly)</b>	<b>Emergency Visit (1 extra visit)</b>
Date _____	Date _____
Item _____	Reason _____

**Clothing (1) time a year**

\_\_\_\_ 1 Winter Coat  
 \_\_\_\_ 1 Winter Boots  
 \_\_\_\_ 1 Winter Hat, Gloves, Scarf  
 \_\_\_\_ 1 Snow Suit (if available)  
 \_\_\_\_ 1 Swim Suit  
 \_\_\_\_ 1 Steel Toes (Must have letter from employer)

Client receives (1) per **family member** per year

**Blankets**  
 Quantity \_\_\_\_ King \_\_\_\_ Queen \_\_\_\_ Full \_\_\_\_ Twin \_\_\_\_

**Comforter**  
 Quantity \_\_\_\_ King \_\_\_\_ Queen \_\_\_\_ Full \_\_\_\_ Twin \_\_\_\_

**Sheets**  
 Quantity \_\_\_\_ King \_\_\_\_ Queen \_\_\_\_ Full \_\_\_\_ Twin \_\_\_\_

\_\_\_\_ **Bath Towel Set** Quantity \_\_\_\_

\_\_\_\_ **Pillow** Quantity \_\_\_\_

Client receives (1) per **family** per year

DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_ Bath Mat/Rug  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Cake Pan  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Canisters  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Casserole Dish  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Cookie Sheet  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Cooking Utensil (s)  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Cooking Utensil (s)  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Food Storage Containers  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Glasses/Cups  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Graters  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Hand Can Opener  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Measuring Cups/Spoons  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Mixing Bowls  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Pitchers  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Plates  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Pot Holders  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Pots/Pans \_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Rug (Circle) Bath, Kitchen, Throw  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Shower Curtain  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Silverware  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Skillet  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Tea Pot  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Towel Set Kitchen  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight Scale

List of item (s) needed not on the list:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_