

CARING AND SHARING TERMS AND CONDITIONS

INITIAL: _____ HOUSEHOLD MEMBERS MUST BE CURRENT RESIDENTS OF SOUTH SANTA ROSA COUNTY, FLORIDA.

INITIAL: _____ CARING & SHARING RESERVES THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO ANY HOUSEHOLD MEMBERS WHO HAVE APPLIED AND/OR RECEIVED HOLIDAY ASSISTANCE FROM ANOTHER AGENCY.

INITIAL: _____ HOUSEHOLD MEMBERS CAN ONLY RECEIVE HOLIDAY ASSISTANCE FROM ONE AGENCY. NAMES/ADDRESSES OF HOUSEHOLD MEMBERS APPLYING FOR ASSISTANCE MAY BE MADE AVAILABLE TO OTHER AGENCIES/ORGANIZATIONS THAT PROVIDE AID TO PEOPLE IN NEED. PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL AND UNAUTHORIZED DISCLOSURE IS PROHIBITED.

INITIAL: _____ IF A HOUSEHOLD MEMBER MOVES OUT OF SOUTH SANTA ROSA COUNTY, THEN THE HOUSEHOLD MEMBER WILL NO LONGER BE ELIGIBLE FOR CARING & SHARING HOLIDAY ASSISTANCE. THE HOUSEHOLD MEMBER WILL NEED TO SEEK ASSISTANCE IN THE AREA HE/SHE WOULD THEN RESIDE.

INITIAL: _____ IF ANY REGISTERED HOUSEHOLD DOES NOT SHOW UP TO PICK UP BENEFITS AND DOES NOT CONTACT CARING & SHARING PRIOR TO BENEFIT PICK UP, CARING & SHARING WILL RESERVE THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO THAT HOUSEHOLD.

INITIAL: _____ I HAVE NOT APPLIED WITH ANY OTHER AGENCY FOR HOLIDAY

INITIAL: _____ I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS

I CERTIFY THAT ALL THE INFORMATION ON ALL PAGES OF THIS REGISTRATION FOR ASSISTANCE FROM CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC. IS TRUE AND CORRECT AND THAT ALL HOUSEHOLD INCOME HAS BEEN REPORTED. I GIVE REPRESENTATIVES OF CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC. PERMISSION TO CHECK THE VALIDITY OF ANY INFORMATION. I UNDERSTAND THAT MISREPRESENTATION OF ANY INFORMATION THAT I HAVE GIVEN MAY PREVENT ME FROM RECEIVING FURTHER ASSISTANCE FROM THIS ORGANIZATION.

REGISTRANT SIGNATURE

DATE