



Tennessee Warning

The information you share with us is confidential. The only exceptions are child protection and personal safety issues. By law, we must report child protection concerns. Also, we would need to tell someone if there are immediate safety concerns for yourself or someone else. Otherwise, we will not give out any information about you without your written permission.

Client Rights

1. All information you share with us will remain confidential unless we have your specific permission or if there are safety concerns for yourself and others.
2. You have the right to be informed of your options for yourself or others.
3. You have the right to know why any decision about the services you receive was made.
4. You have the right to have the services provided by Hastings Family Services be accessible to you.

Hastings Family Services pledges to eliminate barriers of language, communication and physical accessibility.

Signature

Date

Hastings Family Service Signature

RELEASE FOR GRANT APPOINTMENT

I _____ hereby authorize Hastings Family Service to seek/release information concerning me and/or my family which may be helpful in assessing my situation. This release includes, but is not limited to reports, surveys, evaluations, assessments and recommendations by professionals concerning my circumstances.

I understand that information about me is private. It cannot be given to anyone without my written permission unless the law says it can. The law requires Hastings Family Service Staff to report any suspicion of child abuse or neglect.

I understand that I may refuse to give permission to share this information. If I refuse, I may not receive the service I am requesting.

I understand that I am requesting assistance from Hastings Family Service based on an emergency need. I may be required to provide additional income and expense documentation (i.e. bank statements, check stubs, receipts, etc.). All of the information I will provide to Hastings Family Service is true and accurate. I understand that Hastings Family Service will deny, suspend, modify, reduce, or terminate future services if I provide untruthful or fraudulent information or if I cannot demonstrate an emergency need.

I understand that this information will only be given to people who have a need and right to know about me. This May include communication with businesses when using vouchers, checks, or payments that have been issued to you.

Applicant's Signature

Date

Applicant's Date of Birth

Hastings Family Service Signature

Date