



Consent Form

Name of Applicant: _____ Date of Birth _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Your written consent allows our agency to share your intake information with any collaborating agency. The information shared with the collaborating agency or agencies will be used to help you access services that will help you obtain and/or maintain self-sufficiency. You have the right to request information about who has viewed your information. You have a right to receive a copy of this Consent Form.

- SMTCCAC uses the universal application to assess needs of customers, help refer them to appropriate agencies and resources.
- SMTCCAC staff and the client may use information to assist the client in obtaining resources that may fulfill client needs.
- Only SMTCCAC staff may view, enter, or edit client records.
- No information will be released to another agency without signed client consent.
- The customer has the right to withdraw their application at any time and may refuse to answer any question.
- A client must be informed what information is being shared and with whom it is being shared.
- The Agency will uphold Federal and State confidentiality regulations to protect client records and privacy.
- The Agency will not solicit or input information from clients unless it is essential to provide services. The Agency may not use any client information for marketing purposes.

By signing and consenting, you authorize SMTCCAC:

- To share your intake information with collaborating agencies to be used for an initial intake assessment.
- To provide basic demographic information, residential, employment/income, military/legal, service needs, goals and outcomes.
- To allow your records and information to be shared for a period of no greater than three years (3) from today's date.
- To verify the validity of information such as employment.

I, _____
Client Signature

Date

Consent Do Not Consent

To having my information (demographic, residential, employment, income, military, legal, services, and goals and outcomes) that I provided in intake interviews to staff at Agency to be shared electronically with the collaborating agencies. I understand that I may request my information not be shared at any time.

SMTCCAC Staff Signature

Date

NOTE: All adult household members must sign their own consent form(s) and must be placed into the family file. If children under 18 are benefiting from agency services, please write their names on the back of this form, along with their relationship to this client.



SMTCCAC

Southern Maryland Tri-County Community Action Committee, Inc.

Michael E. Young, MSW
President and CEO

www.smtccac.org

Customer Release of Information Form

Name of Applicant: _____ Date of Birth _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email: _____

I, _____, am a customer with and authorize Southern Maryland Tri-County Community Action Committee, Inc. to send and receive confidential information regarding services and program applications relating to financial stability.

Yes _____ No _____ I give authorization and consent to SMTCCAC to receive and share my information as needed for the purpose of accessing services to the following agency:

Name of company/agency: _____

Address of company/agency: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

This agreement is in place:

From (today's date): _____ to (example: date 1 year from today): _____

SIGNATURE: _____ **DATE:** _____

Southern Maryland Tri-County Community Action Committee, Inc.
Physical: 8383 Old Leonardtown Road – Mail: P.O. Box 280, Hughesville, Maryland 20637-0280
HOUSING COUNSELING SERVICES APPLICATION

To be completed by Housing Counselor			
Application Received: _____	HCO Entry Date: _____		
CAP-60 Entry Date: _____	HCO Member#: _____		
AP60 Member #: _____	HUD Case: _____		

Applicant: _____

First Name	Middle Name	Last Name
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Co-Applicant: _____

First Name	Middle Name	Last Name
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LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and childcare expenses.
DO NOT include rent, utilities, or other monthly expenses.

Paid To	Current Balance	Monthly Payment	Whose Debt? A- Applicant, CA- Co-Applicant BO- Both
TOTAL OUTSTANDING BALANCES			TOTAL MONTHLY PAYMENTS

MONTHLY EXPENSES

MONTHLY BUDGET			
Expense	Amount	Expense	Amount
Current Monthly Rent or Mortgage		Savings	
2 nd Mortgage		Emergency Funds	
Homeowner Association Fees		Car Insurance	
Water/Sewer		Gas – Automobile	
Electric		Maintenance-Automobile	
Gas		Telephone	
Oil		Cellular Phone	
Property Taxes		Payroll Deductions	
House/Renter's Insurance		Federal Taxes	
Home Repair and Maintenance		State Taxes	
Furniture		FICA	
Groceries		Other Deduction:	
Dining Out		Other Deduction:	
Medical /Dental Insurance			
Prescriptions		TOTAL EXPENSES (Monthly)	
Life Insurance		TOTAL LIABILITIES/DEBT (Monthly)	
Day Care			
Clothing & Shoes		TOTAL INCOME (Monthly)	
Education, Lunch, Supplies, Field Trips		NET SURPLUS (income less expenses)	
Recreation, Vacation, Sports			
Church/Charity			
Cable/ Satellite TV/Internet			
Presents			

DEMOGRAPHICS

RACE

- Black or African-American
 American Indian / Alaskan Native
 Multi-Race
 White
 Native Hawaiian / Pacific Islander
 Other
 Asian

REFERRED BY

- Staff/Board Member
 Walk-In
 TV/Radio
 Print Advertisement
 Newspaper Article
 Bank: _____
 Other: _____
 Realtor: _____