

MONTHLY INCOME:

Employment _____ Social Security _____
 AFDC/TANF _____ VA _____
 Retirement _____ Unemp. Comp. _____
 Workman's Comp _____ Child Support _____
 Rentals _____ Other _____

LIQUID RESOURCES:

Savings _____ Checking _____ **TOTAL:** _____

Eligibility Level: _____ **TOTAL RESOURCES FOR THE MONTH** _____

Are you, or any member of your household, receiving FoodStamps? Yes No

Have you or your spouse ever served in the Military? Yes No

What problems or difficulties forced you to request assistance? _____

MONTHLY PAYMENTS:

	MONTHLY PAYMENT	BALANCE DUE		MONTHLY PAYMENT	BALANCE DUE
Rent/Mortgage			Gasoline		
Electricity			Transportation		
Water			Health Ins.		
Gas			Furn/Wash/Dryer		
Medical			Credit Cards		
Medical Bills			Loans		
Insurance			Food/Misc		
Child Care			Phone		
Child Support			Cable		
Car Payment			Other		
Car Insurance			TOTAL		

Resident or intend to reside in Brevard County: _____ Yes _____ No
 _____ Eligible _____ Non Eligible

FRAUD STATEMENT: The information above is, to the best of my knowledge, true and complete. I hereby authorize the investigation and verification of same with my employer, bank, or other sources. I understand that intentionally providing false information to obtain financial assistance is grounds for denial. Any person who knowingly, by false statement, misrepresentation, impersonation, or fraudulent means fails to disclose a material fact used in making determination as to such person's qualification to receive aid or benefits under any state or federally funded assistance program, or who knowingly fails to disclose a change in circumstances in order to obtain or continue to receive under any such program aid or benefits which he/she is not entitled to or in an amount larger than that to which entitled, or who knowingly aid and abets another person in the commission of any such act is guilty of a crime, and shall be punished as provided in F.S. Chapter 409.325 Subsection 5.

Client

Date

Eligibility Specialist

Date

B.I.C. Client Release

I understand and acknowledge that this agency is a member of the Brevard Information Collaborative Project (hereafter referred to as B.I.C.), and I consent to and authorize the collection of data and information maintained by this agency to B.I.C. and affiliated agencies, provided such agency is a party to the B.I.C. agency agreement under which the agency has specifically agreed to share information. These agencies include, but are not necessarily limited to participants in the Homeless Management Information Systems (HMIS) grant, and the United Way Outcome Measures Pilot Project. The data, information and records gathered and prepared by the Agency and B.I.C. will be included in the database and may be utilized by B.I.C. and affiliated agencies to: a) provide individual case management; b) produce reports regarding utilization of services; c) track individual program outcomes; d) provide accountability for individuals and entities that provide funds for use in providing services in Brevard County; e) identify unfilled service needs and plan for the provision of new services; f) allocate resources among agencies engaged in the provision of services in Brevard County and g) be used for all other uses to be deemed appropriate by B.I.C. I understand and acknowledge that my data and information may be used in aggregate data along with information off other individuals served by the Agency for the purposes described above, I understand and acknowledge that data, information and records pertaining to the services provided to me by the Agency will only be disclosed to agencies, individuals and entities other than B.I.C. only with my written authorization.

I understand and acknowledge that the data pertaining to the services provided to me may include medical/health information and other information the privacy of which may be protected by Federal of Florida State Laws and expressly consent to the release of such information in accordance with these protections.

I understand acknowledge that I have the right a) inspect, copy and request amendment of all records maintained by the Agency related to the provision of services and to receive a paper copy of this form; and b) to file a grievance if I believe my privacy rights have been violated. This grievance must be submitted to: Brevard County Community Action Agency Supervisor, 400 South Varr Avenue, Cocoa, FL 32922 and will be responded to in accordance with the B.I.C. Policies and Procedures manual.

I understand and acknowledge that I have the right to opt out of having my data information and records disclosed to B.I.C. and affiliated agencies by providing notice to the Agency and that I am entitled to services regardless of my decision. I further understand and acknowledge that I may revoke this consent at any time by providing written notice to the Agency.

Client Name: _____ (Print)

Agency Name: _____

Client Signature: _____ Date: _____

Witness: _____ Date: _____