

Section VII: REQUIRED FOR ALL CLIENTS

I, the client, understand that the information contained on this form will be kept confidential unless disclosure is required by court order or for authorized federal, state or local program reporting and monitoring. I understand that any entitlement I may have to Social Security benefits or other federal or state sponsored benefits shall not be affected by the provision of the aforementioned information. My signature authorizes the providing agency to begin the service(s) requested.

DATE: _____ **CLIENT SIGNATURE:** _____

DATE: _____ **AGENCY EMPLOYEE SIGNATURE:** _____

Provider Use Only – initial below if no changes:

Registration Update ___/___/___ Staff Initials _____

Registration Update ___/___/___ Staff Initials _____

Registration Update ___/___/___ Staff Initials _____

Provider Use Only – initial below if no changes:

Registration Update ___/___/___ Staff Initials _____

Registration Update ___/___/___ Staff Initials _____

Registration Update ___/___/___ Staff Initials _____