



Financial Form

Client Name: _____ DOB: _____ Client ID: _____

Gross Annual Household Income

- ___ \$0.00- 10,830
- ___ 10,831- 21,660
- ___ 21,661- 32,490
- ___ 32,491- 43,710
- ___ 43,711- 54,930
- ___ 54,931- 66,150
- ___ 66,151- 77,370

Number of Dependent Children: _____

Veterans Benefits, Social Security and Caregiver Stipend amount per month:

Current Primary Role/Employment Status

- ___ Employed Full-time
- ___ Employed Part-time
- ___ Unemployed
- ___ Volunteer
- ___ Full-time Student

Family Members in the Home

Names:	DOB:	M/F:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A copy of this Release/Authorization is as valid as the original. A scan and/or facsimile of this Release/Authorization is as valid as the original.

NOTICY OF PRIVACY ACT RIGHTS

Pursuant to the Privacy Act 10 U.S.C. 8013, all personal information provided to Healing Household 6 by way of any Board Member or Caregiver Case Manager shall be held in confidence at all times and only shared with outside agencies and organizations that serve to assist the Client. This agreement signed by the Client shall serve as his or her authorization to share protected information with other agencies and organizations, only for the direct purpose of assisting the Client in his or her case through Healing Household 6.

Required by Law. HH6 Caregiver Case Managers will disclose protected information when required by law in any; but not limited to, of the following situations:

- Reporting child abuse or neglect
- Court ordered
- Legal duty to warn or take action regarding imminent danger to others
- When client is a danger to self or others, or gravely disabled
- When required to report certain injured

Fundraising. HH6 may contact clients as part of its fundraising activities.

Emergencies. In life threatening emergencies, HH6 staff will disclose protected information necessary to avoid serious harm or death.

Client Authorization or Release of Information. HH6 may not use or disclose your protected information in any way without a signed authorization or release of information from you, **except for the use in obtaining outside services; including but not limited to, mental health counseling, legal assistance, temporary housing and/or emergency shelter assistance.** The authorization or release may be revoked by written request only. The revocation will apply upon receipt of notice in writing.

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Copy of this Notice. You have a right to obtain another copy of this Notice upon written request.

I acknowledge that I have the right to a copy of the following upon request:

- Yes No Client Agreement
- Yes No Notice of Privacy Rights
- Yes No Copies of all signed documents

Client Signature	Printed Name	Date
Caregiver Case Manager Signature	Printed Name	Date

*Officer Approval: _____ (initials) _____ (date) _____

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