



LifeWise

Client Information and Service Delivery Statement of Understanding (SOU)

HEAD OF HOUSEHOLD INFORMATION							CLIENT #
NAME: <i>First</i>		<i>Last</i>	<i>Middle</i>	Street Address:			
				Zip:	City:	State:	
HOME PHONE:		WORK PHONE:	CELL PHONE:	PREFERRED LANGUAGE:		EMAIL:	
SERVICE TYPE:			REFERRAL SOURCE:				
DEMOGRAPHICS:	RACE:		IS HISPANIC?		NUMBER IN HOUSEHOLD:		
RURAL STATUS (HOUSEHOLD):			GENDER:	VETERAN	HEAD OF HOUSEHOLD	ENGLISH PROFICIENCY:	
ETHNICITY:			AGE:	BIRTHDATE (mm/dd/yyyy)	Disabled?	Disabled Dependent?	
EDUCATION:			MARITAL STATUS:		ACTIVE MILITARY	1 ST TIME HOME BUYER?	
FINANCIAL INFO:	HOUSEHOLD INCOME:		COUNTY:		CURRENT RESIDENCE:		
DEPENDENTS (HOUSEHOLD MEMBERS)							
NAME	DOB	GENDER	SSN	MONTHLY GROSS INCOME	SOURCE OF INCOME	DISABLED? YES OR NO	FULL TIME STUDENT? YES OR NO
PRIVACY ACT STATEMENT							
<p><i>PRINCIPAL PURPOSE: Client demographics are required for accurate service delivery, analysis, and further program planning.</i></p> <p><i>ROUTINE USES: This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of other benefit; to congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to NARA for records management inspections; and to the Department of Justice for pending or potential litigation.</i></p> <p><i>DISCLOSURE IS VOLUNTARY: Failure to provide the necessary data will not result in the individual being denied services.</i></p>							

Demographics and Services: You are being asked to provide information for secure electronic storage in our system. Your record contains demographic information, a brief description of your visit(s), and information regarding your service plan. Records are maintained for the sole purpose of continued service to you. You may request to view your record at any time and request to have your own specific comments about your visit(s) added to your record.

Privacy and Disclosure: The FCEC respects your right to privacy. All sessions are held in strict confidence.

Minor Children Clause: If the customer is a minor child, as the parent/guardian, by signing this form, you grant permission for your minor child to participate in our services and/or activities. You agree to and shall indemnify and hold harmless the FCEC, its offices, agents, and employees from and against any and all claims, losses, damages, causes of action, suits, and liability of every kind; including all expenses of litigation, court costs, and attorney's fees, for any injury or damages which you, your child, or any other person or entity might sustain as a result of your child participating in a service/activity.

Photographs: Please be aware that on occasion, photographs may be taken during classes/workshops/events for use in promoting our programs and services. The photographs may be used in various media outlets, including (but not limited to) internet, publications, and social media. If you DO NOT want your picture taken or shared, please inform a staff member during the event in which photographs are being taken.

By signing below, you are acknowledging you have read and understand the above information.

Customer Signature

Date

Spouse Signature

Date

FCEC Counselor Signature

Date

