Children's Gift Wishes

Parent's Name _____ County _____

First name	Gender/Age	Gift Wishes -- No one item listed may be over $50.00 please.	Clothing Size

The Salvation Army Client Data Management System Client Privacy Notice & Consent

NOTICE:

We collect personal information directly from you for reasons that are discussed in The Salvation Army Client Data Management System Privacy Policy and Guidelines. We may be required to collect some personal information by law or by organizations that give funds to us to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of those we serve. We only collect information that we consider to be appropriate. The collection and use of all personal information guided by strict standards of confidentiality. A copy of our privacy policy is available to all clients upon request.

YOUR RIGHTS:

You have the right to a copy of the information about you in a Client Data Management System as outlined in the Client Data Management System Privacy Policy. You have the right to correct mistakes on information about you.

If you have a complaint about the performance of any Salvation Army staff member, officer, intern, volunteer, or feel treated unfairly in any way, you can follow the grievance policy steps as outlined in the Client Data Management System Privacy Policy. Grievances may be formally recorded by making an appointment to speak with or submit a written complaint to The Salvation Army's Unit Director at the location you are being served.

If you do not want your name, social security number, or date of birth entered in a Client Data Management System, tell the intake worker and circle the applicable section below. The Salvation Army will not refuse to help you for denying this. However, this option may not be applicable to certain services including, but not limited to, specific SSVF and utility assistance services. They will enter you into the system as an anonymous individual and keep your identifiable information separate.

If applicable, circle the statement in italics: *I am refusing to allow my identifiable information to be entered in a Client Data Management System and understand that my intake information will be entered as an anonymous client. I understand that my identifiable information will be stored separately in a secure database for anonymous clients.*

SIGNED CONSENT:

Each adult, emancipated minor or unaccompanied youth must sign for himself or herself. A parent/guardian should sign for children under the age of 18. My signature shows that I permit you to capture and utilize all personal information regarding me and my dependents into the Client Data Management System.

_____   ___/___/___
Print Name- Client   Date of Birth

_____   ___/___/___
Signature of Client or Guardian   Date Signed

For Office Use Only:

_____   ___/___/___
Signature of Agency Witness   Date Signed

If Applicable Dependent Children under 18:

1._____ ___/___/___   2._____ ___/___/___
Print Name   Date of Birth   Print Name   Date of Birth

3._____ ___/___/___   4._____ ___/___/___
Print Name   Date of Birth   Print Name   Date of Birth

5._____ ___/___/___   6._____ ___/___/___
Print Name   Date of Birth   Print Name   Date of Birth

If Applicable Other Adult Household Member 18 or over:

1._____ ___/___/___   2._____ ___/___/___
Print Name- Adult Household Member   Date of Birth   Print Name- Adult Household Member   Date of Birth

1._____ ___/___/___   2._____ ___/___/___
Signature of Adult Household Member   Date Signed   Signature of Adult Household Member   Date Signed

3._____ ___/___/___   4._____ ___/___/___
Print Name- Adult Household Member   Date Signed   Print Name- Adult Household Member   Date Signed

3._____ ___/___/___   4._____ ___/___/___
Signature of Adult Household Member   Date Signed   Signature of Adult Household Member   Date Signed

SPECIAL PROJECT FORM

PROJECT NAME: Christmas Toy Program _____ County: Carlton _____ Date: _____

Client's Name: _____ DOB: _____ Race: _____

Spouse/Significant Other: _____ DOB: _____ Race: _____

Address: _____ City/Zip: _____

Phone: _____ Alternate Phone: _____

Is anyone in the household a Veteran? ○ Yes ○ No   Who? _____

NAME OF OTHER HOUSEHOLD MEMBERS	GENDER	DOB	RACE	RELATION TO CLIENT
1	○ M ○ F			
2	○ M ○ F			
3	○ M ○ F			
4	○ M ○ F			
5	○ M ○ F			
6	○ M ○ F			
7	○ M ○ F			
8	○ M ○ F			

Monthly Gross Household Income

$_____ Employed $_____ SSI/SSDI $_____ Social Security

$_____ Unemployment/Other $_____ MFIP/GA $_____ SNAP $_____ 0.00 Total