

Client Application Form

CLIENT INFORMATION

Name: Devaprasad Kantharaj **Client ID:** 30
Birthdate: March 31, 1970
Social Security: 899-99-1111

Address: 20 Blissville wss **Situation:** Own
 3rd Floor wss
 Old Greenwich, CT 06870

Phone: (860) 889-1363

HOUSEHOLD

Annual Income: \$14,382.18

Family Type: Two-Parent Household

| Household Members: | NAME | BIRTHDATE | SSID |
|--------------------|-----------------------|------------|-------------|
| | Kantharaj, Devaprasad | 03/31/1970 | 899-99-1111 |
| | Kantharaj, Kimberly | 01/13/1971 | 899-99-1112 |
| | Kantharajs, Briannas | 09/08/1994 | 999-11-1100 |
| | Member, Household | 03/04/1981 | 999-22-0002 |

CONFIDENTIALITY STATEMENT and SIGNATURES

It is Thames Valley Council for Community Actions Inc.'s (TVCCA's) commitment to provide seamless services to its clients. I understand that TVCCA can best accomplish this by allowing authorized personnel to share my household information with other TVCCA programs. I understand that I will be offered referrals to other TVCCA programs and that I have the right to refuse any referrals.

I understand that my household information will be entered into a universal client database that is utilized by all programs within TVCCA.

TVCCA will ensure that all of my household information remains confidential. I understand that the agency will not release my household information to agencies outside of TVCCA unless I sign a Release of Information Form. I also understand that medical, mental health, or substance abuse history will not be shared unless I sign a Release of Information Form. My signature below indicates that I understand TVCCA's confidentiality statement as it has been explained to me.

Client Signature

Date

Staff Signature

Date