OLHSA

A Community Action Agency

Release of Information for OLHSA's Older Adults Services Program

I _____declare to the best of my knowledge, I am the only member of my household designated above who has applied for assistance in this program. I certify that my household meets the income guidelines of this program. I authorize OLHSA to verify information I have provided regarding income by waiving my rights to privacy concerning such records. Further, I certify that all information on the application is true and correct realizing misrepresentation is illegal and violations will be pursued. I hereby release any information on the application to agencies to which I may be referred.

I also declare that I am a person 60 years or older, handicapped, or low income. As a recipient of OLHSA older adult services programs funded by the Area Agency on Aging 1-B (AAA1-B) funds. I give my consent to release information about myself, which may be necessary to secure services, follow-up assistance, and that emergency information can be shared and /or emergency contacts notified in the event of an emergency. I give my consent to have my demographic data to be reported in the National Aging Program Information System (NAPIS) if applicable. I understand that this information will only be released to an appropriate management person, applicable funding source representative, or emergency contact while I am a client of an OLHSA program. I understand that my name, address and phone number will be supplied to the contractors or volunteers by email in order for them to provide services to me. I hereby fully indemnify and hold harmless the OLHSA Board, Staff, Administration, AAA1-B, and assigns from any and all expenses and liability of any kind which may arise out of or in connection with the performance of OLHSA'S Older Adult Services Program.

_____

Participant's Printed Name

_____

Participant/Proxy Signature Date

Tub Bar Installation Release

In consideration of OLHSA's agreement to install tub grab bars at _____ [insert address], the undersigned, on its own behalf and on behalf of all individuals, family members, guests, and/or invitees, both now and in the future, on said property, does forever waive any and all claims against OLHSA and its employees, agents and representatives, including but not limited to any slip and fall claim at the above said address.

IN WITNESS WHEREOF, the undersigned has executed this Release as his or her free act and deed this ___day of _____[insert date]. _____ [insert name]

WITNESS:

_____

_____