



**Hosting Churches**

- First United Methodist
- Episcopal Church of the Ascension
- First Presbyterian Church
- Christ United Methodist
- First Baptist Church
- Spring Hill Church of Christ
- Breiel Blvd First Church of God
- Healing Word Assembly of God

**SHALOM Authorization to Release Information**

Print full name \_\_\_\_\_ SSN \_\_\_\_\_ Birth date \_\_\_\_\_

I hereby give consent for the release of information to the following agencies and to the staff/volunteers of SHALOM for the purpose of determining appropriate service needs, coordinating services, and obtaining services appropriate to my needs.

Chosen, Dove House, Forensic Center, Haven House, Hope House, Hospitals, Probation Officer, SELF, TLC, and Police.

I understand that I may revoke my consent at any time, subject to information already released.

- I understand that I am subject to be searched for weapons & illegal contraband. \_\_\_\_\_
- I do not hold SHALOM, or its staff/volunteers responsible for any loss of or damage to any property I bring into the shelter/church with me. \_\_\_\_\_
- I do not hold SHALOM, or its staff/volunteers responsible for any physical injury to me or any other person while I/we are staying with SHALOM. \_\_\_\_\_
- I understand that SHALOM, or its staff/volunteers are not responsible for any prescriptions in my possession or medications I am currently taking under physicians orders. \_\_\_\_\_
- I understand this is a temporary shelter and the length of stay is limited to 30 days unless extended by SHALOM or social service representatives. Also that I will be encouraged to find employment, housing and counseling as necessary to improve my situation. \_\_\_\_\_

My signature below and initials above indicate I have read (or have had explained to me) and understand these conditions and I accept them.

Guest Signature. \_\_\_\_\_ Date. \_\_\_\_\_

SHALOM Staff Witness. \_\_\_\_\_