

Recipient Name: _____ Number in Family: _____

Address: _____ Phone: _____

SS#: _____

SW: _____

Item referred for: _____

**WILSON COUNTY
DEPARTMENT OF SOCIAL SERVICES
FAITH CONNECTIONS PROGRAM**
114 N. Pine Street
Wilson, North Carolina 27893
(252) 293-4323

I agree to receive/give gift items provided by the Wilson County Faith Connections Program/Wilson County DSS process. The nature of this service is understood to be a gift from the heart of the designated donor. Keeping with the nature of gifts, I understand that the gift may or may not meet any expectations, either stated or unstated. I understand that any gift is a one time donation in response to a request to the Faith Connections Program/Wilson County DSS.

I understand that the Faith Connections Program/Wilson County DSS has evaluated the recipient to determine that the needs of the recipient are in line with the request of the donor. However, the Faith Connections Program/Wilson County DSS is not liable for any expectations that are not met, either by the recipient or the donor. I understand that recipients/donors may be removed from future service for the following reasons:

- The recipient/donor no longer needs the service
- The recipient is continuously not at home to receive their gift
- The donor continuously does not follow through with an appointment to deliver gift
- The recipient indicates that they no longer wish to receive the gift
- The recipient/donor harasses the Faith Connections Program staff, volunteers, recipients or donors
- The home situation becomes unsafe for agency staff, donor or volunteers
- The recipient/donor refuses to cooperate with the agreed-upon plan

I further agree to release the Wilson County Faith Connections Program, Wilson County DSS, its providers and administrators from all liabilities in the provision of services. In addition, neither I, nor my family, hold the Wilson County Faith Connections Program, Wilson County DSS, and the County of Wilson, its providers, administrators, officers, employees, director, elected officials or volunteers liable for any accidental damage to either person or property which might arise from the provision of services. I also acknowledge that I have read and understand the release agreement, that I have answered all questions to the best of my ability, have provided full and complete information to the program supervisor and have the legal authority to execute this release on behalf of myself and/or my family member.

I have read and understand my rights and responsibilities. I understand that signing this form gives WILSON COUNTY FAITH CONNECTIONS PROGRAM/WILSON COUNTY DSS permission to release and share information about me.

I do not wish to share information about myself with the following agencies:

This permission is truly voluntary and is valid for 365 days. I understand that I have the right to revoke this permission at any time except to the extent that information has already been released before I revoke it.

Recipient's Signature

Date

Donor's Signature

Date

Donor's Mailing Address for donation letter purposes

Faith Connections' Partners In Ministry Agreement

Agency/Church Name: _____

Contact Person/Persons and position: _____

Physical Address: _____

Mailing Address: _____

Office Phone: _____ Fax: _____ Home: _____

Email: _____

Support Amount/Partnership Focus: _____

Church's vision/ministry to the community: _____

As a Partner In Ministry with the Wilson County Department of Social Services' Faith Connections Program, I agree to the use of our church/agency name to be used to identify our church/agency as a "Partner In Ministry". This information may be released in presentations that the Faith Connections' Program Coordinator may make to other area churches/agencies only as an indicator of said partnership. This information will also be included on the Faith Connections' Assistance contract as an indicator of said partnership. (see attachment).

Signature: _____ Date: _____