



THE Arc
OF BUNCOMBE COUNTY, INC.
Working for and with people with intellectual and developmental
disabilities and their families.

ADVOCACY RESOURCES COMMUNITY INTEGRATION

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, the undersigned legally
responsible person for _____, do hereby
consent and grant permission to The Arc of Buncombe County to advocate on behalf of
_____ ; to gather and exchange information with
any individuals or professionals representing agencies, schools, local and state facilities
pertaining to the welfare of _____.

Dated this _____ day of _____, 202

Signature

Address

Phone

Advocate

Revised 07/2021



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AUTHORIZATION TO USE WRITTEN MATERIALS/PHOTOGRAPHS

I, _____, hereby authorize The Arc of Buncombe County, its employees, and those acting with its authorization, the right and permission to copyright, use, and/or publish videotape, photographic pictures or portraits of me in The Arc of Buncombe County promotional materials, which includes but is not limited to, video productions, catalogs, magazines, brochures, public affairs releases, recruitment materials, and The Arc of Buncombe County Internet Web sites and other social media outlets, and other related endeavors.

I hereby waive any right to inspect or approve the finished video, photograph, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied. Consequently, The Arc of Buncombe County may publish materials, use my name, photograph, and/or make reference to me in any manner that The Arc of Buncombe County or project sponsor deems appropriate in order to promote and/or publicize service opportunities.

I hereby release, discharge, and agree to hold harmless The Arc of Buncombe County, its employees, or vendors (including any firm publishing and/or distributing the finished product) from and against any liability as a result of any distortion, blurring, or alteration that may occur in the taking, processing, or reproduction of the finished product, even should the same subject me to ridicule, scandal or indignity.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned. A parent or guardian must sign the release if the individual videotaped/photographed is under 18 years of age.

This authorization is continuous and may be withdrawn by my specific written rescission of the authorization.

I have read the foregoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Name _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Cell # _____ Federal I.D.# _____
(i.e. Social Security)

Email Address _____

Signature _____ Date _____

Parent/Guardian Signature _____
(if subject is under 18 years of age)

Witness _____ Date _____

Revised 01/2019



Intake Crisis Intervention Request Form

The Arc of Buncombe County is a local nonprofit agency that serves people with intellectual and developmental disabilities.

Our response to your request may include:

- Referral to other agencies
- Food bank referrals
- Collaborations with other agencies/schools

General Information:

Date: _____

A. Client/Child Information:

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Date of Birth: _____ Race: _____

Social Security #: _____ School: _____

Diagnosis: _____ Medical Provider(s): _____

Current Services: _____ Income: _____

Type of Assistance Requested: _____

Current Responsibilities:	Rent/Mortgage \$ _____	Electric \$ _____	Water \$ _____
	Natural Gas \$ _____	Auto \$ _____	Food \$ _____
	Medical \$ _____	Insurance \$ _____	Other \$ _____

Explain Need/Request: _____

Identify financial request for other agencies/organizations: _____

Do you have copies of diagnosis report Yes No

B. Parent/Guardian Information:

Last Name: _____ First Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Daytime Phone/Cell #: _____ Home Phone: _____

Email Address: _____

Marital Status: Single Married Separated Divorced Widow

Gender: Male Female Date of Birth: _____ Race: _____

Social Security #: _____

Employment: _____ If not employed, reason: _____

Monthly income: _____ # of children in home: _____

_____ Initial here to indicate that you are aware the financial assistance provided by The Arc of Buncombe County is for help in crisis situations. Funds are generally distributed to a person or family one time in a 12-month period. Checks are written to vendors only.

_____ Initial here to indicate that I am open to Community Resources or Financial Counseling.

_____ Initial here to indicate that you have my permission to contact other community organizations regarding my request.

*A copy of your bill due must accompany this form.

This information I have provided above is true and accurate. I understand that misrepresentation or falsification of information above could disqualify me from receiving these funds.

Recipient's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Current Need (be specific, include copies of bills, etc.)

Any other pertinent information:

Client Signature: _____ Date: _____

**TO BE COMPLETED BY THE ARC OF BUNCOMBE COUNTY STAFF:
INITIAL ACTION TAKEN:**

Initial: _____