



*And what does the Lord require of you? To sit justly
to love mercy and to walk humbly with your God*
Micah 6:8

HOPE FOR THE INNER CITY WHERE WE: ENGAGE, INVEST & EMPOWER

(PLEASE CIRCLE SERVICE NEEDED)

Community Development
Mercy Relief

Dental Clinic
Workforce Development

Grow Hope

Application Information:

Name: Last _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ ALT #: _____

Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Please state below what assistance you are needing and why?

Have you been affected by the Coronavirus? Y N If yes, please explain _____

How did you hear about Hope? _____

Signature: _____ Date: _____

MERCY REQUIRED DOCUMENTS

1. **STATE ISSUED PHOTO** - ID, Driver's License, Passport
2. **SOCIAL SECURITY CARD** - Card or Letter from Social Security Office
3. **PROOF OF RESIDENCE** - Current Lease, Mortgage Statement, Rent Receipts, Rent Statements, Property Tax Information/Deed (if individual owes home), Letter from Landlord or Section 8 Letter.
4. **PROOF OF INCOME FOR ALL ADULTS IN THE HOUSEHOLD** - Paycheck Stubs (2 **CURRENT** check stubs), SSI Award Letter, Disability Award Letter, Child Support Letter/Statement, Families First Award Letter, Food Stamp Award Letter, Unemployment Statement/Award Letter - **NEED TO SHOW AMOUNT OF THE INCOME**. Because many have Direct Deposit, a Bank Statement showing the Deposit of the Income may be submitted.
5. **CURRENT BILL**
 - A. Need a current bill for utility bills.
 - B. If applicants states he/she is being evicted, an Eviction Letter/Summons to Appear in Court for impending Evictions need to be submitted.
 - C. Any request for Prescription Drugs **MUST BE SUBMITTED WITH THE PHARMACY LETTERHEAD** that list the name of the medication, cost of the medication, contact information for pharmacy.

Rosalyn Ruffin

February 2019

Hope for the Inner City Release and Waiver

I, the undersigned agree to follow all rules and regulations of Hope for the Inner City while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that I may be expelled at any time, for failure to abide by such rules and regulations.

I, the undersigned, agree to ensure that I, my child(ren), dependent(s), and/or other minors for whom I am responsible or for whose presence at Hope for the Inner City I am responsible to follow all rules and regulations of Hope for the Inner City while in, upon or about the premises or while using or observing the premises or any facilities or equipment, and understand and agree that I, my child(ren), dependent(s) and/or other minors for whom I am responsible or for whose presence at Hope for the Inner City I am responsible may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER HOPE FOR THE INNER CITY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVING OR USING ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY ON-SITE OR OFF-SITE PROGRAM, ACTIVITY OR CLASS AFFILIATED WITH HOPE FOR THE INNER CITY, INCLUDING USE OF HOPE FOR THE INNER CITY FACILITIES, THE UNDERSIGNED HEREBY AGREE TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE HOPE FOR THE INNER CITY, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or his or her children and all their respective personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property (includes physical property, intellectual property, or identity related property) or resulting in death of the undersigned or his or her children, whether or not caused by the negligence of any person, the releases or otherwise while the undersigned or his or her children is in, upon, or about Hope for the Inner City premises or any facilities or equipment therein or participating in any program, class or activity affiliated with Hope for the Inner City without respect as to location.

2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releaseses and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or his or her children in, upon or about Hope for the Inner City premises or in any way observing the use of or using any facilities or equipment of Hope for the Inner City or participating in any program, class or activity affiliated with Hope for the Inner City without respect as to location whether or not caused by the negligence of any person, the releases or otherwise.

3. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY LOSS/DAMAGE (includes physical property, intellectual property, or identity related property) to the undersigned or his or her children whether or not caused by the negligence of any person, the releases or otherwise while in, about or upon the premises of Hope for the Inner City and/or while observing the use of using the premises or any facilities or equipment thereon or participating in any program, class or activity affiliated with Hope for the Inner City without respect as to location. The Undersigned, on his or her behalf and behalf of such children, specifically assumes all risks of personal injury, property loss/damage (includes physical property, intellectual property, or identity related property), or damages whatsoever including risks associated with any and all sporting activities, exercise, locker room, parking, or in any program, class or activity affiliated with Hope for the Inner City without respect as to location. This assumption of risk also includes environmental, theft (includes physical property, intellectual property, or identity related property), and contagion risks in addition to risk associated with the use of the Hope for the Inner City's referral and advisory services.

4. IF THE UNDERSIGNED IS PLACING HIS OR HER CHILDREN IN A HOPE FOR THE INNER CITY PROGRAM, ACTIVITY OR EVENT, THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY acknowledges that

having his or her child or children participate in such activities may include inherent risks, hazards, and dangers that cannot necessarily be predicted or controlled. The Undersigned further understands that not all inherent risks, hazards and dangers can be eliminated, and that the inherent risks of such activities can cause property loss/damage, injury, illness, paralysis or death. Some of the activities such children may be involved with include, but are not limited to: use of tools and maintenance equipment, wilderness travel and activities, rock climbing, crafts, ropes challenge courses, archery, rafting, canoeing, swimming, horserback riding, fishing, overnight camping, and other program activities.

5. THIS RELEASE & WAIVER SHALL BE GOVERNED BY AND CONSTRUED UNDER THE APPLICABLE LAWS OF THE STATE OF TENNESSEE. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAVE READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no one has made any oral representations, statements or inducement other than as set forth above in writing. As such, the undersigned further acknowledges that no guarantee of assistance, financial or otherwise, has been made or implied within this application, or in any other format, oral or written.

Printed name of applicant

Printed Name of applicant's legal representative or guardian (if applicable)

Signature of applicant or applicant's legal representative/guardian

Date



*Changing lives,
Transforming communities.*

*And what does the Lord require of you? To do justly,
to love mercy and to walk humbly with your God*

Michah 6:8

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PURPOSE and LAWS: This form, when properly completed, permits the release of confidential information about a person receiving services governed and regulated by Title 33, Tennessee Code Annotated. Any information to be released under this form shall be released in accordance with the confidentiality laws and regulations: Title 33, Tennessee Code Annotated; the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) and its regulations at 45 Code of Federal Regulations (CFR) Parts 160 and 164, and the federal Confidentiality of Alcohol and Substance Abuse Patient Records and its regulations at 42 CFR Part 2. The records released through this Authorization are protected by the above named confidentiality laws and regulations. A general authorization for the release of medical or other information is **NOT** sufficient for the purpose of disclosing mental health or alcohol and substance abuse information. Federal rules restrict any use of alcohol and substance abuse information to criminally investigate or prosecute the person to whom the information pertains.

I, _____ (printed name) am seeking service from Hope for the Inner City/Workforce Development Program for _____ myself, _____ my family, _____ my child (check all that apply). By signing this form, I am giving Hope for the Inner City/Workforce Development Program staff permission to communicate regarding services offered to me and/or my family. I understand that all records and information regarding services will be protected by regulations that govern the exchange of confidential information. I further understand that services may include an assessment of our needs and the development of a plan to meet those needs.

I give permission for any of the following records about me and my family to be given to Hope for the Inner City/Workforce Development Program for the purposes of determining my eligibility for services and to coordinate services for me and my family unless stated otherwise below.

- ❖ Employment records, past or present
- ❖ Financial records from banks, credit unions or any other financial services, credit or financial agencies
- ❖ Social Security, insurance companies, retirement or pension funds/departments records
- ❖ Social services, housing or public assistance agency records of any type
- ❖ Any court or law enforcement agency records

- ❖ Any other agency, person or organization records (except persons or organizations that have medical/health information or educational agencies**) that have information about me and my family.

****NOTE: IF MEDICAL/HEALTH INFORMATION IS REQUESTED, THE**

APPLICANT/RECIPIENT MUST COMPLETE A HIPPA RELEASE FORM. IF EDUCATIONAL RECORDS ARE TO BE RELEASED, THE EDUCATION AGENCY MAINTAINING THE RECORDS MUST BE CONTACTED DIRECTLY BY THE PERSON OR ENTITY SEEKING THE RECORDS.

YOU DO NOT HAVE TO SIGN THIS FORM. *If you do not sign this form or if you take back your permission, Hope for the Inner City/Workforce Development Program may not be able to provide services to you.*

I give permission to Hope for the Inner City/Workforce Development Program to use a paper, fax or electronic copy or copies of this to get my information. Hope for the Inner City/Workforce Development Program may talk or get copies of my records from any of the persons or organization I have permitted and can get this information by paper, fax, computer or electronic copies of those records.

This authorization to receive services and to exchange confidential information shall remain in effect for a period of twelve (12) months. I understand that this release may be revoked by me at any time if requested in writing.

Client Signature _____

Date _____

Witness Signature _____

AUTHORIZATION IS NOT REQUIRED TO COMPLY WITH LAWS REGARDING MANDATORY REPORTING OF SUSPECTED ABUSE OR NEGLECT OR ASSESSMENT THAT THERE IS A DANGER OF SERIOUS HARM TO SELF OR OTHERS.

5/30/2018

(1800 Poplarville Avenue)
P.O. Box 11584
Chattanooga, TN 37401

Ph: (423) 898-3178
Fax: (423) 898-7141
www.Hope4theInnercity.org

ADDITIONAL CONSENT REQUESTED: I understand that there will be an observer during the Case Management Session.

Signature _____

Date _____

**Authorization for Release of Information
Homeless Management Information System (HMIS)**

Customer's Name: _____ Date of Birth: _____

Social Security Number: _____

This agency, as a member of the Chattanooga Homeless Coalition, is participating in a data collection project to improve health and social services to the homeless in our community.

The purpose of the Homeless Management Information System is to improve the quality and integration of services, to increase the productivity of case managers in participating agencies, and to provide a central repository of data for service planning and quality improvement.

Authorization

By signing this document, I authorize this agency to disclose information from my records to other agencies participating in the Homeless Management Information System for the purpose of service coordination.

I understand this authorization may include information concerning my employment, education, health, mental health, drug/alcohol use, family relationships, services, housing, legal status or any other information deemed important in providing me with needed health and social services.

By signing this agreement, I understand that I have a right to inspect the disclosed information at any time by contacting this agency during regular business hours and arranging a meeting with my case manager or a designated agency representative.

I furthermore understand that I may revoke this authorization, in whole or in part, at anytime, except to the extent that action has already been taken in reliance upon it, by giving written notice to this agency or to the Chattanooga Homeless Coalition.

Client's Printed Name: _____

Signature of Client/Parent/Guardian: _____ Date: _____

Agency Name: _____

Agency Representative Printed Name: _____

Agency Representative Signature: _____ Date: _____

