



*Society of St Vincent de Paul
Holy Redeemer Conference*

DISCLAIMER

Date: _____

Client(s) Name(s): _____

Address: _____

Phone Number(s) _____

I, as the Client, do hereby absolutely verify that All information that I supply in all my statements, whether they be phone conversations, personal interviews and/or written statements, shall be the Absolute truth. Any statements that are false or misleading shall affect the assistance that I am requesting.

I hereby give the Society of St Vincent de Paul Holy Redeemer Conference Inc. and their outreach ministry permission to share my(our) information with other participating like agencies and ministries for the purpose of decisions to be made for serving my(our) needs. This permission is applicable whenever I (we) am applying for assistance. I (we) also agree to any Background Checks of me (us) and will Furnish any Financial Information and bank statements requested from me (us) for review to process my (our) request for assistance.

I also hereby agree to keep and safeguard All information about assistance that I may receive from SVDPHRC Inc. as strictly confidential, and not share it with anybody with the exception of the aforementioned “participating agencies”. Failure to strictly adhere to this agreement shall directly affect any future request for assistance.

Signature(s) of client(s): _____

Signature of Witness: _____

Mail to; PO Box 589 Palm City, FL 34991
Office; 1454 SW Mapp Rd. Palm City, FL
772-286-3371 svdphrconf@gmail.com