



Sponsored By
San Angelo Standard Times
Foster Communications
United Way of the Concho Valley

NOMINATION FORM

Date of Referral: _____

REFERRING AGENCY INFORMATION

Agency Name: _____

Agency Chief Executive Officer: _____

Position Title: _____

Agency Contact Person: _____

Position Title: _____

Agency Phone Number: _____

Signature of Chief Executive Officer: _____

This form must be signed by the Chief Executive Officer of nominating agency. Nominations completed by clients will not be accepted by the Hope for the Holidays Committee.

FAMILY/INDIVIDUAL INFORMATION

Name: _____

Address: _____

Home Phone: _____ Alternate Phone # _____

Names and ages of Children (if applicable):

HOPE FOR THE HOLIDAY REQUEST

Appliances	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furniture	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Car repair or replacement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	House Repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clothing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medical Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dental Care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DESCRIPTION (Provide itemized list if appropriate):

AMOUNT REQUESTED (per item or by each requested repair):

All requests must have an attached valid estimate provided by a licensed or legitimate vendor in the Concho Valley (i.e.: dentist, physician, contractor, or mechanic).

NOTE: If this request is on behalf of an individual or family that is reported to have a medical condition or has a special circumstance that needs to be verified, the nominee must sign the attached release of information in order to be eligible as a recipient of Hope for the Holidays. Confirmation of the medical condition or circumstance must be received prior to final approval by the Hope for Holidays Steering Committee.



Participation Consent Form

To Whom It May Concern:

My signature below acknowledges my consent for my needs to be discussed, and for information to be exchanged by the Hope for the Holidays Committee

The purpose of this form is for participating agencies to find assistance for me or my family. I understand:

- Information will be freely discussed and shared with representatives of the businesses and agencies.
- Information will be shared only by those considering my needs and will not be provided to outsiders.
- Discussion of my needs does not guarantee that I will be selected as a Hope for the Holidays recipient.

If selected, I give permission use my name and to have my story published in the San Angelo Standard Times

Yes No

I give permission to have my story published in the San Angelo Standard Times, but **do not** want my actual name or my family name to be used.

Yes No

Information obtained by the Hope for the Holidays committee is not to be shared outside the committee meetings, except as needed internally to secure services and resources for me or my family.

This consent, unless revoked earlier, expires **on March 1, 2011**

Individual/Agency Completing Form

Name of Individual or Family

Date of Consent

Signature for consent to release information



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Authorization for Release of Records

NAME: _____
(Name of HFH Nominee)

ADDRESS: _____
(Include street address, P.O. Box, city, state and zip code)

I authorize the following:

(Name of the appropriate health care provider, attorney, counselor, school, etc)

Address : _____
(Include street address, P.O. Box, city, state and zip code)

To release the following specific confidential information:

Yes No Medical and/or Psychological Information - Indicate specific information.

Yes No Social History Information - Indicate specific information.

Yes No Other - Indicate specific information.

To the Hope for the Holidays program, P.O. Box 3710, San Angelo, TX 76902-3710,
Phone: 325-949-3716; FAX: 325-944-9041; email: charrisonuwcv@yahoo.com

The information released will be used to verify information submitted to Hope for the Holidays in order to solicit donations on my behalf and/or on behalf of my family.

This form (___) was read by me (___) was read to me and I understand its meaning.

(HFH Nominee signature)

(date)

(Witness signature)

(date)