



Sally's Fund Services Consent Form

Participant Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **E-mail:** _____

Emergency Contact: _____ **Phone:** _____

Consent for Services

I, the undersigned, hereby consent to receive the following services and/or referrals provided through Sally's Fund:

_____ Care Management/Service coordination (Including assessment, referral to community resources, supportive counseling)

_____ Assistance Program _____

_____ Transportation – Medical/Shopping/Errands

_____ Medical Equipment Loan out

_____ Meals on Wheels

_____ Other

Waiver of Liability

I, the undersigned, hereby release, indemnify and hold harmless Sally's Fund and any of their officers, clients, agents, employees or volunteers from any liability of claim or action for damages in any way arising out of the participation in this program by the person (s) listed below. _____ (initial)

Name _____

Signature _____ Date _____

Witness (Sally's Fund Staff) _____ Date _____