

# WEST SIDE BAPTIST CHURCH OF TOPEKA, KS

## Release of Information

I, \_\_\_\_\_, hereby authorize release of relevant information by **West Side Baptist Church of Topeka, Kansas** (hereafter "the Church") for the express purpose of providing assistance for my unmet needs.

In addition, I hereby authorize the release of any other information by and between the Topeka area community resource networks (see below), government agencies, health care providers in Shawnee County, landlords, religious (churches, mosques, synagogues, temple, etc.) organizations, and/or social service agencies in the Topeka area. I understand that I may revoke or rescind this authorization in writing at any time, except to the extent that action has been taken on this information. I understand that this information is needed for **financial assistance for unmet needs**. This release of information is valid for **one year** from signature date. I understand that refusal to sign this release may result in denial of assistance by the Church.

I understand that I may inspect and make a copy any written correspondence released to the above parties at my personal expense. A photocopy and/or electronic transmission of this authorization shall be full and effective and is valid for all purposes as the original hereof.

I acknowledge that if data to be released includes information about my alcohol or drug abuse treatment that it is protected by Federal Law 42 CFR part 2. My signature authorizes the release of the above information only to the Church. I understand that the above information cannot be released to a third party without my written permission. West Side Baptist Church does not request, retain, or share numbers related to the Social Security Administration.

The Church complies with the Civil Rights Act of 1964 and with all other federal, state and local laws. I acknowledge that the Church does not discriminate on the basis of age, color, disability, marital status, national origin, race, religion, sex, sexual orientation, veteran status, or any other protected status in the determination of community assistance.

**x** \_\_\_\_\_  
**Applicant's Authorized Signature**

**x** \_\_\_\_\_  
**Witness – Signature**

\_\_\_\_\_  
Applicant - Print Name

\_\_\_\_\_  
Witness – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Topeka Area Community Services Network includes but is not limited to:** Adult Protective Services, Alcoholics Anonymous, American Red Cross, Antioch Family Life Center, Area Agency on Aging, Big Brothers/Big Sisters, Birthright of Topeka, Inc., Breakthrough House, Care Net Pregnancy Resource Center, CASA of Shawnee County, Catholic Charities, Catholic Community Services, City of Topeka, Community Action, Inc., Community Resource Council, Cornerstone of Topeka, Inc.; Cotton O'Neil Physicians, Cox Communications, Crisis Pregnancy Center, Crisis Pregnancy Outreach, Inc.; Disability Rights Center of Kansas, Doorsteps, Inc.; El Centro of Topeka, Elderly Services, Evergy Energy Company, Family Service and Guidance Center, Fellowship, Inc.; Goodwill Industries, Habitat for Humanity, Helping Hands Humane Society, Housing and Credit Counseling, Inc.; I Care, Inc.; Interfaith of Topeka, Jayhawk Area Agency on Aging, Kansas Children's Service League, Kansas Department of Children and Family Services, Kansas Department of Human Services, Kansas Department of Revenue, Kansas Gas Co., Kansas Human Rights Commission, Kansas Juvenile Correctional Complex, Kansas Legal Services, Kansas Services for Blind, Let's Help, Meals on Wheels, Midland Grief Counseling, Neighborhood Improvement Association, Office of the Mayor, Prevention and Recovery Youth Program, Right to Life, Safe Streets, Saint Francis Medical System, Self-Help Network, Shawnee County Government, Shawnee County Family Resource Center, Shawnee County Health Agency, Shawnee County Probation, Shawnee County Sheriff's Office, Sheltered Living, State of Kansas, Stormont Vail Medical System, The Salvation Army, The Village, Topeka AIDS Project, Topeka City Homes, Topeka Housing Authority, Topeka Independent Living Resource Center, Topeka Jayhawk Legal Services for Seniors, Topeka North Outreach, Topeka Police Department, Topeka Public Schools (USD 501), Topeka Rescue Mission, United States Federal Government, the United Way of Greater Topeka, the University of Kansas Health Systems, Valeo Behavioral Health Care, Veterans Affairs, Washburn College, YMCA, YWCA, religious and other agencies as listed: \_\_\_\_\_

# WEST SIDE BAPTIST CHURCH OF TOPEKA, KS

## 2023 Application for Assistance

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Church: \_\_\_\_\_

### Name & Age of Persons at Address:

Adult #1: \_\_\_\_\_ Employ: FT or PT, Unempl., Disabled, or Retire

Adult #2: \_\_\_\_\_ Employ: FT or PT, Unempl., Disabled, or Retire

Adult #3: \_\_\_\_\_ Employ: FT or PT, Unempl., Disabled, or Retire

Children: \_\_\_\_\_

Children: \_\_\_\_\_

Additional Adults: \_\_\_\_\_ Employ: FT or PT, Unempl., Disabled, or Retire

### **Type of Assistance requested (Attached a Copy of the Bill / Statement):**

Utility: \_\_\_\_\_  Current  Past Due Acct #: \_\_\_\_\_

Medical: \_\_\_\_\_  Hospital  Prescription  Dental  Eyes / Glasses

### **Agencies Assisting:** What agencies have assisted in the past six (6) months?

\_\_\_\_\_  
List all agencies, such as Catholic Charities, Doorstep, Let's Help, Salvation Army, etc.

***I understand that West Side Baptist Church may donate a maximum amount of \$100.00 per family each year for members of the community.*** I promise the information on this application is true to the best of my knowledge. I give West Side Baptist Church (the Church), the Senior Minister, professional staff, and/or the church leaders my permission to investigate the accuracy of this information to determine if I qualify for assistance as funds are available. I understand the Church promises ***no*** assistance or support without prior approval. No cash will be paid to any person(s). The Church does not discriminate but complies with the Civil Rights Act of 1964 and with all other federal, state, and local laws. ***A check will be mailed or paid directly to the agency, company, and/or landlord in approximately ten (10) business days.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** \_\_\_\_\_