



CONFIDENTIALITY WAIVER

I hereby give The Christmas Gala. permission to release any information about myself, spouse, and/or my children to other agencies during the course of their work with me.

I hereby authorize other agencies to release information about me to The Christmas Gala . as deemed necessary while seeking to help me.

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. (Federal Regulation 520CFR76-75-30)

Date: _____

Participant Signature: _____

Witness for Participant : _____

Case Manager Signature: _____

Representative from TCG