



RUCK-UP, INC.

42 Upper Knight Street
Keene, NH 03431

603-903-1255/603-903-1257/603-903-1256 Fax
A 501(c)3 Company



Ruck-Up, Inc. Release of Information, Consent to Advocate, and Confidentiality Agreement

I, _____, give permission for Ruck-Up, Inc and its staff to advocate on my behalf (please check all that apply) to obtain housing ____, food boxes ____, utility assistance ____, or other miscellaneous assistance _____. I also authorize Ruck-Up, Inc. to assist in matter of my Social Security Claim ____ or Veteran Affairs Claim _____. I understand that the assistance that Ruck-Up, Inc. provides may not be enough and other agencies may be informed of the situation for their assistance as well.

I am providing the following information:

Name		Email address	
Date of Birth		Pref. method of contact	
SSN		Emergency Contact:	
Street Address		Telephone/Cell #	
City, State, & Zip Code		Relationship	
Telephone/Cell #		# of people in household	

Please initial the following statements after reading.

- I understand that Ruck-Up, Inc. Staff will adhere to the Privacy Act of 1974, HIPPA Laws, and my privacy. I also understand that I am expected to provide confidentiality of my fellow veteran's due to exposure in groups or inadvertent exposure. _____
- I understand that I may be dropped by Ruck-Up, Inc.'s assistance due to lack of needed information or lack of communication for 30 continuous days. _____

X

Veteran Signature

X

Date