July 26, 2016

Ashland Christian Emergency Services (ACES)

Information Sharing and Identification Agreement

Dear ACES client,

By signing below, you acknowledge and agree to ACES' policy to share your personal information with local agencies and charitable organizations that provide similar services in our area. That personal information might include names, birth dates, addresses, phone numbers, license plate and/or driver's license numbers, and the nature of the services which ACES (or other agencies and charitable organizations) has provided to you and any or all of your dependents and/or family members identified on your registration form.

By signing below, you also acknowledge that ACES requires proof of your identity and current residence every time you seek services from ACES (at every visit bring your driver's license or other government issued identification card and an official bill addressed to and received at your resident within the last 60 days).

Thank you,

ACES Board of Directors

Client Signature _____ Date _____