

True Blessings

Nondiscrimination/Release of Information

I. Client Information

In order to ensure True Blessings NPO is able to remain providing free educational/support services to families in need, True Blessings NPO may share client demographic information with other organizations and/or governmental affiliated agencies. Individual client information will never be given to the general public and personal client information will never be shared without prior consent from the individual client. By giving us permission to share your information with potential funders, you help us keep our services free to the public.

If you are receiving public assistance such as TANF (Temporary Assistance for Needy Families) or SNAP (Supplemental Nutrition Food Assistance Program), we may correspond with DSHS (Department of Social and Health Services) in regards to your participation in our programs. This may include information such as services rendered, attendance and progress in activities, current or previous employment status, and additional information requested on behalf of DSHS.

True Blessings NPO uses your social security number to keep records in our office. You can still receive educational/support services if you do not have a social security number. True Blessings NPO will never share your personal information with immigration services.

II. Nondiscrimination

True Blessings NPO is an equal opportunity employer and service provider and does not discriminate on the basis of race, color, sex, age, religion, creed, disability, national origin, political or union affiliation, marital status, sexual orientation, Vietnam Era Status, or other non bona-fide job requirements. Questions, concerns, complaints or request for additional information may be forwarded to TBNPO's CEO, Marzella Harris at 253-693-8381. All request, complaints, concerns will be reviewed by the CEO within 30 days and an investigation/response can be expected within 90 days of chief complaint.

By signing this document, I give True Blessing NPO permission to share my information with other organizations/governmental agencies for fundraising purposes.

Printed Name

Signature

Date

Agency Witness