



Nutritious Meals • Transportation • Home Improvements • and Other Services for Seniors in Seminole County

AUTHORIZATION FOR RELEASE OF INFORMATION

The intent of this document is to determine eligibility for program services offered by Meals on Wheels, Etc. This document does not guarantee acceptance, approval, or commitment to either party.

I, _____, hereby give my consent to *Meals on Wheels, Etc., Inc. and/or a representative thereof*, to research any and all information relating to my social or welfare status; and/or personal finances, as deemed necessary to arrange services on my behalf.

All information obtained will remain confidential. It will be used for program reporting and documentation; however, your name will not be used.

Dated this _____ day of _____, 2020.

Signature: _____

Witness: _____

OR

Worker: _____

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