

STATEMENT OF CONSENT

As of 2/26/2021

Welcome to Pollywog!

We invite you to join our program and receive the benefits of being a Pollywog member! By joining with us, you will be linked with a Pollywog staff member who will listen to your story, and then offer support and ideas about resources and services that you might not know are available in this area. Our staff is knowledgeable about children and family services, and they are only here to help you.

REQUIRED:

We will only ask you for information that helps us to determine what resources and services you will qualify for, and we will only share that data with another agency that is ready to service your family's needs. We carefully follow the HIPAA (Health Insurance Portability and Accountability Act) and the FERPA (Family Educational Rights and Privacy Act) laws, and we never sell information to third parties. All of our services are free, and we serve all families equally and to the best of our ability.

By submitting your information to us, you give us permission to share it with our partners to better serve your family.

Do you agree to become a member of the Pollywog Family? Yes / No

Name: _____

Witnessed by: _____

Date: _____