



If Only... Program Application

APPLICANT'S PERSONAL INFORMATION

<u>NAME</u>	<u>PHONE</u>
<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
<u>DATE OF BIRTH</u>	<u>ANNUAL INCOME</u>

<u>E-MAIL</u>
<u>REQUEST</u>
<u>ALTERNATE REQUEST</u>

<u>SIGNATURE</u>	<u>DATE</u>
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<u>CONTACT PERSON</u>

<u>NAME</u>	<u>RELATIONSHIP</u>
<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
<u>PHONE</u>	<u>E-MAIL</u>

<i>For DSS Staff only</i>	
Signature and title _____	Date _____
Signature and title _____	Date _____
Signature and title _____	Date _____



Application for If Only... Program

If your request is accepted, the If Only...Program would like your permission to use your story and/or photo in one or more of the media listed below. We ask that you check all forms of media that are acceptable to you. Giving us permission to share your story will help to raise awareness of and participation in the program.

The If Only... Program respects the privacy of individuals and will only use a recipient's first name if approval is given to use their story and/or picture.

Please **put a check beside** all means of publicity that are acceptable to you.

Local newspaper, radio or TV

State or national newspaper, radio or TV

Department of Social Services or Forsyth County web site devoted to the If Only... Program

All of the above

Please do not use my story and/or photo in any of the above media

APPLICANT'S SIGNATURE _____

APPLICANT'S NAME (Please Print) _____