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The Eliza Shirley Center for Women and Children

Program Overview

The Salvation Army Eliza Shirley Center for Women and Children is a 24-hour supportive living program that provides apartment-style housing for single mothers and their children who are experiencing homelessness or housing instability.

The program offers supportive services and stable housing for up to 24 months, allowing families the time, structure, and resources needed to build independence and long-term self-sufficiency. Through individualized support, residents work toward improving vocational opportunities, increasing earned income, securing permanent or long-term supportive housing, and achieving greater overall stability.

Participants gain independence through structured activities that promote accountability, life skills development, and stability while addressing barriers that threaten housing and economic security. Master's-level Case Managers provide intensive, strength-based, and trauma-informed support, helping participants develop personalized plans that lead to financial and personal independence. Eliza Shirley's philosophy is rooted in empowering young women to make positive choices within a safe, supportive, and stable environment.

Eligibility

Eligible participants are young women primarily between the ages of 18 and 24 who are pregnant and/or parenting no more than four (4) children, have a history of homelessness or housing instability, and lack other family support resources. Applicants up to 28 years old may be considered on a case-by-case basis.

Participants must have verifiable income (such as TANF if unemployed) and demonstrate the motivation and ability to develop an Individual Family Plan (IFP) aligned with the program's goals.

Program Services

Eliza Shirley Center services are organized around six programmatic focus areas, grouped within three core service areas: housing, case management, and workforce development.

The six focus areas include Education, Employment, Finances, Mental and Physical Health, Housing, and Family.

Case management is a foundational component of the program and is provided to all participants. Services are individualized and centered on each family's strengths, assets, and needs. The Workforce

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Development enhances case management by supporting career exploration, job readiness, and access to long-term employment opportunities. These services reinforce skill development and practical application to support stable housing outcomes upon program exit.

Program Success

Eliza Shirley's success is driven by the resilience and determination of the women and families who participate in the program. Since opening in 2001, Eliza Shirley has supported nearly 400 families in creating and achieving their independence goals. More than 75% of program participants have transitioned into permanent housing, with many choosing to remain engaged as mentors for current families.

Participants demonstrate improved parenting skills, increased educational attainment, sustained employment, and enhanced financial literacy—empowering them to continue building savings and achieving long-term goals.

As founder Evangeline Booth stated, "There is no reward equal to that of doing the most good to the most people in the most need."

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Eliza Shirley Center for Women and Children

Application Process Guide

Application Timeline

The application process generally takes 2–4 weeks from the application deadline to New Resident Orientation. Timelines may vary based on holidays, staff availability, and program capacity.

Application Process Steps

Step 1: Referral Submission

Providers will receive a Referral Form, Family Information Questionnaire, and Release of Information. All referral forms must be submitted at least one (1) week prior to the Intake Information Session.

Step 2: Eligibility Verification

Applicants must meet the following criteria:

- Be between 18 and 24 years old
- Have 1–4 children, or be pregnant with no more than four children after birth
- If pregnant without children, provide documentation from a healthcare professional
- If there is a mental health history, provide proof of six (6) months of treatment compliance
- If there is a substance use treatment history, verify six (6) months of sobriety
- Have verifiable income (TANF currently active, SSI/SSDI, or employment wages)

Step 3: Intake Information Session Invitation

Eliza Shirley will email providers and applicants with session details. RSVP via the Zoom link is required.

Step 4: Intake Information Session

Applicants will receive a full program overview and Q&A. Interviews are scheduled within three (3) days.

Step 5: Interview

Applicants will receive a Zoom link for their scheduled interview. Applicants must arrive on time.

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Step 6: Acceptance & Waitlist Notification

Eliza Shirley staff will notify applicants and providers of acceptance or waitlist status.

Step 7: Pre-Move-In Requirements

Accepted applicants must complete mandatory urinalysis and bring:

- Driver's License or State ID
- Birth certificates for all household members
- Health insurance cards
- Proof of income (TANF, SSI, or two recent pay stubs)
- Immunization records
- Credit reports from Experian, TransUnion, and Equifax
- High school diploma or GED (if applicable)
- Damage fee: \$75 (1 BR), \$100 (1 BR/Den), \$125 (2 BR)
- Mental health records (if applicable)
- Background check (completed after admission)

Housing assignments follow federal guidelines based on family size and gender of school-age children.

Final Step: Move-In Notification

Participants will be notified of drug screen results and move-in date. One (1) guest with valid ID may assist with unloading items only.

Important Referrer Notice

Due to application volume, Eliza Shirley staff will not notify referrers if applications are incomplete or if applicants miss deadlines to submit required documentation.

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Referral Checklist

Dear Provider:

Please use this checklist as a guide to ensure your referral packet is complete. Completed referral packets including this checklist and all required attachments must be submitted to the Eliza Shirley Center Program Director prior to selecting an Intake Information Session date. Please send all materials to: nevncc.tpc@uss.salvationarmy.org

Once an Intake Information Session date is selected, the referred applicant is responsible for **RSVP'ing to confirm attendance**. After registration is completed, a **virtual meeting invitation will be sent to the email address provided**. No last-minute referrals or RSVP submissions will be accepted without prior acknowledgment and approval from the Program Director.

Referred applicants are expected to log in early on the scheduled Information Session day to allow time for check-in, as late entry will not be permitted.

Following the Information Session, a **self-scheduling interview link will be sent directly to potential program participants**. Referring representatives may assist applicants with scheduling the one-on-one interview; however, **they are not permitted to attend or sit in on the interview**. Information regarding next steps will be provided to both the referring representative and the potential program participant after the session.

Please note that **all Information Sessions are conducted virtually via Zoom**. In-person sessions are not available at this time.

This referral packet must include the following completed documents:

- ☐ Part I, Referrer's Information
- ☐ Part II, Family Information
- ☐ Part III, Applicant's Statement of Understanding (Program), signed and dated
- ☐ Part IV, Applicant's Statement of Understanding (Release of Information), signed and dated

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☐ Part V, Referrer's Statement of Understanding, signed and dated

For questions regarding the referral or application process, please contact the Office Administrator at (202) 250-7720.

PART I: Referrer's Information

Name of Person Completing Referral: _____

Position or Title: _____

Referring Agency: _____

Date Completed: _____ **Referrer's Phone Number:** _____

Referrer's Email: _____

Date you began working with applicant: _____

Will this applicant receive on-going services if accepted into Eliza Shirley Center: _____

If yes, please explain:

PART II: Family Information (to be completed by person making the referral)

Please answer the following questions for the family you are referring to Eliza Shirley.

1. Applicant Name: _____

2. Date of Birth: _____ **Driver License or ID Number:** _____

3. Primary Phone (with voicemail): _____

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4. Alternate Contact Phone(s): _____

5. Applicant's Email: _____

6. Number of Children (please include gender): _____

On a separate attachment, please answer the Family History questions below. Be sure to put the question number and corresponding label for each answer, beginning with 1. Family Housing History, and so on. The attachment must be listed and contain all items from 1 through 16. If an item is not applicable write "Applicant denies" Please DO NOT write N/A. If any item is missing the application will not be accepted.

FAMILY HISTORY

1. Family Housing History. Briefly describe the applicant's family housing history, including housing stability and the reason for current homelessness; has the applicant ever had her name on lease? Has she ever been evicted?
2. Children's Information. For each child in the family, provide name, age and description of status (e.g., school or daycare enrollment, foster care/kinship care placement, etc.); if the applicant is pregnant, indicate due date.
3. Education. What is the applicant's highest grade completed? List any other training or educational programs attended, including dates attended and completion dates, certificates earned, etc.
4. Employment History. Describe the applicant's work history and experience. List of jobs included dates of employment, average hours per week worked, salary, etc. If not currently employed, include reasons unemployed.
5. Current Wages/Income. Please indicate whether the applicant has or receives verifiable income currently. Verifiable income is defined as one or more of the following: TANF, SSI/SSDI, Employment Wages, or Child Support. Is the client currently employed?
6. Medical Information. List any current medical conditions for applicants or children, including on-going treatment.

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7. Legal Issues. Describe any current or past involvement with the criminal justice system in any capacity by applicant, children's father(s), etc. and status of case/situation.
8. Support Systems/Significant Relationships. List significant relationships that exist for the applicant and how they might impact the applicant's progress in the program.
9. History of Abuse. Describe any information about sexual, physical, and/or verbal abuse within the family (applicant and/or children) including any involvement with the child welfare/foster care system, domestic violence services, etc.
10. Substance Use/Abuse History. Describe any current and/or past substance use and/or treatment, participation in NA/AA, etc.; include current clean time and recovery info if relevant. **Applicants can't have used marijuana in the last 30 days.**
11. Mental Health History. Describe any current and past mental health conditions, diagnoses, or concerns for the applicant and/or children; provide info on connection to/participation in any Mental Health services, inpatient or outpatient treatment, etc., including treatment dates/timeframes.
12. Current Family Functioning. Describe the applicant's ability to function in daily living, including successes in establishing and achieving goals, as well coping mechanisms when confronted with disappointments and/or crises.
13. Benefits of Program. Describe how you think this family will benefit from the Eliza Shirley program.
14. Barriers. Identify and explain potential barriers faced by this family to progress toward goals and success in the program.
15. Family Strengths. Describe the strengths that this family has to help them achieve their goals.
16. Other Relevant Information. Provide any other relevant information about the applicant and/or children.

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APPLICANT ONLY

PART III: Applicant's Signed Statement of Understanding. Review the following with applicants. Be sure they initial each item below and then sign and date. The referral will not be accepted without the applicants' initials and signature.

_____ I will be between the ages of 18 and 24 as of New Resident Orientation.

_____ I have 1 to 4 children, or if pregnant, will have no more than 4 children after giving birth.

_____ If I do not have children, I can provide verification from my doctor that I am pregnant.

_____ If I have a history of substance abuse, I can document at least 6 months clean time.

_____ If I have a history of mental illness, I can document connection to mental health services and compliance with treatment recommendations for at least 6 months.

_____ I understand that this referral is just the first step in the Application Process and that I am not officially accepted into the program until I complete all steps of the Application Phase, including attending an Intake Information Session to learn more about the program requirements, attending 2 interviews (if selected to be interviewed), providing all necessary documentation and fees if accepted into the program, and attending a New Resident Orientation.

_____ I understand that Eliza Shirley is not just low-income/income-based housing. **I understand it is a program first with mandatory program components, including curfew and evening classes, which will not be waived for any reason, including evening employment, school, and/or other evening obligations.**

Signature of Applicant

Date

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REFERRER/PROVIDER ONLY

PART IV: Referrer's Signed Statement of Understanding. Review and initial each item below, then sign and date.

____ I understand that referrals received by Eliza Shirley after the stated deadline will not be considered.

____ I understand that referrals that have questions left unanswered or are missing any required attachments will not be considered.

____ Eliza Shirley staff will begin reviewing referrals and applications after the 1st Intake Information Session. If I submit a completed referral and the applicant provided all the documents needed to complete their application, I understand that Eliza Shirley will notify me within 3 business days.

____ **I understand that due to the volume of applications received, Eliza Shirley staff will not notify me if the referral or applicant application is incomplete or that my referral was not accepted.**

____ I understand that if I have not heard from Eliza Shirley within 3 business days of their last Intake Information Sessions, I may follow up with Eliza Shirley staff to find out why.

Signature of Person Making Referral

Date

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****PLEASE GIVE THIS PAGE TO APPLICANT****

WHAT ARE YOUR RIGHTS?

Right to Request Your Protected Health Information:

You have the right to look at your own information and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your client record, your services/referral record, and other records we use to make decisions about your care. To request your information, call or write to your Eliza Shirley case manager or ES Program Director.

Right to Request Amendment of Protected Health Information you believe is Erroneous or Incomplete:

If you examine your protected health information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your client's information, submit a written request to your Eliza Shirley case manager or ES Program Director.

Right to Get a List of Certain Disclosures of Your Medical Information:

You have the right to request a list of the disclosures we make of your protected health information. If you would like to receive such a list, submit a written request to your Eliza Shirley case manager or the ES Program Director. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How This Salvation Army Will Use or Disclose Your Medical Information for Program Participation:

You have the right to ask us NOT to make use of or disclosures of your information to provide services/referrals to you. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Eliza Shirley Program Director and describe your request in detail.

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Right to Request Confidential Communications:

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss this with your case manager. You can also ask to speak with your case worker(s) in private outside the presence of other clients.

CHANGES TO THIS NOTICE:

From time to time, we may change our practices concerning how we use or disclose client information or how we will implement client rights concerning their information. We reserve the right to change this Notice and to make the provisions in our new notice effective for all protected health information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time at this Salvation Army facility or by requesting one from your case manager.

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DO YOU HAVE CONCERNS OR COMPLAINTS?

Please tell us about any problems or concerns you have with your Privacy Rights or how The Salvation Army's Turning Center uses or discloses your protected health information. If you have a concern, please contact your case manager or the Eliza Shirley Program Director.

If for some reason The Salvation Army cannot resolve your concern, you may also file a complaint with the Federal Government.

Department of Health and
Human Services

200 Independence Ave
SW

Washington, DC, 20201

P: (202) 696-6775

We will not penalize you or retaliate against you in any way for filing
a complaint with the Federal Government.

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DO YOU HAVE QUESTIONS?

This Salvation Army is required by law to give you this Notice and to follow the terms of the Notice that is currently in effect. If you have any questions about this Notice or have further questions about how this Salvation Army may use and disclose your protected health information, please contact the Eliza Shirley Program Director.

Eliza Shirley Program Director

1434 Harvard Street, NW

Washington, DC 20009

(202) 763-7335 – Phone

The Salvation Army Divisional Headquarters

2300 Martin Luther King Jr Avenue, SE,

Washington, DC 20020

P: (202) 756-2600

Department of Health and Human Services

200 Independence Ave SW

Washington, DC, 20201

P: (202) 696-6775



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Client Rights and Responsibilities

As a client of The Salvation Army's Eliza Shirley Center, you have the right:

- To be treated with courtesy and respect and to be free from mental and physical abuse.
- To be treated in a manner that respects your dignity and privacy and promotes your autonomy.
- To be fully informed about client services provided to you and to be told who will be providing the client services.
- To give or refuse consent to the provision of any community service.
- To raise concerns or recommend changes in connection with the community services provided to you and in connection with policies and decisions that affect your interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.
- To expect all communication and records pertaining to your service to be treated as confidential and protected to the extent required by law. All information about a client and the client's family that is obtained by our staff in carrying out case management tasks shall be held in the strictest confidence. Information may be released to other professionals and agencies only with written permission from you or your guardian. This release shall detail what information is to be disclosed, to whom, and in what time frame. *Please note there are very limited exceptions in which we may be required to release your information without your written permission. These exceptions will be fully explained to you.*
- To receive a notice of our Privacy Practices and to have them explained to you.
- To be aware of the relationship the case management agency has with other community partners that may impact your services.



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Client Rights and Responsibilities Contd.

Your Options:

- You must take an active and participatory role in your own case management. You should notify our staff if: you have changed contact information, you are unable to meet an agreed upon appointment time, you are unable to fulfill your own tasks/goals of your case management plan. Failure to do so may lead to a suspension of services.

If you feel that any of these rights have been violated, you should contact The Salvation Army National Capital Area Commander at (202) 756-2600 or PMC.NCC.SocialServices@uss.salvationarmy.org

CLIENT CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

INSTRUCTIONS

Signing and returning this form authorizes The Salvation Army's Eliza Shirley Center to share personal information, **including mental health, substance abuse, communicable diseases, and/or HIV/AIDS- related information**, collected about you or your family with other service and voluntary organizations participating in your case management. The Salvation Army's Eliza Shirley Center needs to share this information in order to coordinate available services and assistance. The Salvation Army's Eliza Shirley Center and its community partners are committed to respecting your privacy and will use your information solely for the purpose of coordinating and providing assistance.

With the exception of certain limited circumstances, it is the policy of The Salvation Army not to release information about individual or family assistance, or other personal information obtained through the provision of social services, without the written consent of the individual or family. Therefore, we need your written consent to share this information and assist you or your family with obtaining the services in the most expeditious and least cumbersome manner. You will receive The Salvation Army Notice of Privacy Practices prior to signing this consent.



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CONSENT AND RELEASE

I _____, hereby authorize The Salvation Army's Eliza Shirley Center to share my information in its possession, including but not limited to my name, address, Protected Health Information, other personal information, **including mental health, substance abuse, communicable diseases, and/or HIV/AIDS-related information**, related to my situation and the type of assistance I am receiving with other services and voluntary organizations participating in my case in order to coordinate available services and assistance. I acknowledge that I have been provided The Salvation Army Notice of Privacy Practices and a list of all organizations that may have access to my information and have been informed that if I wish to limit or refuse the Release of Information, I have had the opportunity to do so.

I understand that I may revoke this consent at any time by contacting The Salvation Army's Eliza Shirley Center, except when action has already been taken to obtain and/or release such information to organizations participating in my case management. My signature on this release indicates that I have read the above, or had it read to me, and I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

The Salvation Army- Eliza Shirley Center for Women and Children

APPROVED AGENCY TO RECEIVE INFORMATION

DATE

PURPOSE FOR RELEASE

SIGNATURE HEAD OF HOUSEHOLD

DATE

SIGNATURE SALVATION ARMY ELIZA SHIRLEY STAFF

DATE



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CLIENT CONSENT TO THE RELEASE OF PROTECTED HEALTH INFORMATION

INSTRUCTIONS

Signing and returning this form authorizes The Salvation Army's Eliza Shirley Center to share personal information, **including protected health information**, collected about you or your family with other service and voluntary organizations participating in your case management. The Salvation Army's Eliza Shirley Center needs to share this information in order to coordinate available services and assistance. The Salvation Army and its community partners are committed to respecting your privacy and will use your information solely for the purpose of coordinating and providing assistance.

With the exception of certain limited circumstances, it is the policy of The Salvation Army not to release information about individual or family assistance, or other personal information obtained through the provision of social services, without the written consent of the individual or family. Therefore, we need your written consent to share this information and assist you or your family with obtaining the services in the most expeditious and least cumbersome manner. You will receive The Salvation Army's Notice of Privacy Practices prior to signing this consent.

CONSENT AND RELEASE

I, _____, hereby authorize The Salvation Army's Eliza Shirley Center to share my information in its possession, including but not limited to my name, address, protected health information, other personal information related to my situation and the type of assistance I am receiving with other services and voluntary organizations participating in my case in order to coordinate available services and assistance. I acknowledge that I have been provided The Salvation Army Notice of Privacy Practices and a list of all organizations that may have access to my information and have been informed that if I wish to limit or refuse the release of information, I have had the opportunity to do so.

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APPROVED AGENCY TO RECEIVE INFORMATION **DATE**

Coordination of Care/Application for Transitional Housing

PURPOSE FOR RELEASE

SIGNATURE HEAD OF HOUSEHOLD **DATE**

SIGNATURE SALVATION ARMY ELIZA SHIRLEY STAFF **DATE**



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**THE SALVATION ARMY
ACKNOWLEDGEMENT
OF CONFIDENTIALITY
& SECURITY
AGREEMENT**

The Salvation Army – Eliza Shirley Center for Women and Children

Address: 1434 Harvard Street, NW Suite

Referrer's Program Name: _____

City: _____ **State:** _____

Zip Code: _____ **Telephone:** _____

TSA Staff Name: Norca Akinseye

I understand people seek help from The Salvation Army when they have special needs which may range from fairly simple to painfully difficult. I further understand that this commitment to confidentiality is essential for the delivery of services to be effective and that there must be trust that the Eliza Shirley Center hold the information confidential.

I understand that the fact that an individual is or has been a participant in a Salvation Army program should not be disclosed outside the Salvation Army unit, except when allowable or required by law. I further agree that I will not disclose any information about individuals receiving Salvation Army Eliza Shirley services outside of the organization without informed, written consent from the Eliza Shirley program participant, unless obligated to do so by law. I also understand that this consent is not mandatory as a condition to receive services and that the client has the right to refuse, limit or revoke consent at any time.

The Salvation Army Eliza Shirley Center for Women and Children • SalvationArmyNCA.org
1434 Harvard Street, NW Ste A • Washington, DC 20009 • (202) 250-7720



NATIONAL CAPITAL
AREA COMMAND

William Booth, *Founder*
Lyndon Buckingham, *General*
Commissioner Merle Heatwole, *National Commander*
Commissioner Kelly Igleheart, *Territorial Commander*
Major Dan Nelson, *Divisional Commander*
Major Todd Mason, *National Capital Area Commander*
Major Wilma Mason, *National Capital Area Commander*

Revised: August 2026

I agree that before I disclose any client information to outside organizations, I have obtained written consent from the client, identifying what information is being disclosed, the person or agency whom it will be disclosed, the purpose of the disclosure and the date upon which the clients' consent expires. Any information disclosed by me about a client must be factual information, not informal counselor notes and/or casual observations. I further agree to treat any information received by me from another organization regarding a client with the same consideration and standards outlined here.

I agree that if I have any doubt about whether client information should be disclosed, I will seek advice from my supervisor, Corps Officer, Area Commander, Divisional Headquarters and/or Territorial Headquarters.

I further certify that I have been informed of my obligations related to Health Insurance Portability and Accountability Act Final Privacy Rule, 45 CFR Parts 164.306(a)(4) and 164.308(a), Health Information Technology for Economic and Clinical Health Act, any applicable federal or state laws pertaining to confidentiality and have received copies of this Salvation Army location's Notice of Privacy Practices and have read The Salvation Army Policy and Guidelines on Confidentiality and the Protection of Personal Privacy (Minute No. 058B), the National Code of Conduct & Ethics, Social Service Code of Ethics (Minute No. PL041), Non-Discrimination in Programs and Delivery of Services (Minute No. PL042), IT Policies and Procedures (Minute No. 011A) and Use of Lotus Notes (Minute No. 046C) which are attached to this agreement and fully understand my obligations under that policy.



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****ELIZA SHIRLEY STAFF ONLY****

**THE SALVATION ARMY
ACKNOWLEDGEMENT OF
CONFIDENTIALITY & SECURITY
AGREEMENT (continued)**

Please initial at each line and sign at the bottom of this page.

NA I have read and understand this agreement and understand any additional applicable policies and laws related to client confidentiality.

NA client confidentiality is not breached.

NA I understand that the information I receive from a client may only be used to the extent necessary to perform my job and none other.

NA I understand that I must make the appropriate staff aware of any breach in confidentiality as soon as I am aware it has occurred.

Eliza Shirley Staff Signature: _____

Print/Type Name: Norca Akinseye _____

Date: _____



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