



Application Packet

Applicant Information

Applicant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Annual Income: _____ Disability or Life-threatening Condition _____

Request Information

Primary Request (brief description):

Alternate Request (brief description):

Contact Person

(Note: leave this section blank if the applicant above is the contact person.)

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

For DSS Staff Only

Signature/Title: _____ Date: _____

Signature/Title: _____ Date: _____

Signature/Title: _____ Date: _____



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Photograph & Video Release Form

Release Form Is Not Required for Participation in If Only

I hereby grant Forsyth County permission to use the images, likenesses and sound of me as recorded in photographs, audio or video format by Forsyth County without payment or any other consideration. I understand that these images may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein such likenesses appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of these images or recordings. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Informational presentations or display
- County websites or electronic communications
- Educational or promotional videos
- Educational or promotional presentations or advertisements on behalf of the County

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet, e-mail, advertising, media campaigns (television, radio, social media, print), mailings, or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions on or around the date _____, _____.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Forsyth County or any of its employees, officials, contractors, or agents.

Full Name _____

Street Address/P.O. Box _____

City _____ Zip Code _____

Phone _____ Email Address _____

Signature _____ Date _____



Application Packet Explanation Letter

Name of Applicant: _____

Name of Contact: _____

(person assisting applicant, if applicable)

In the space provided below, please describe your request including information about the following: (1) Why this request is important, (2) Applicable details of the request, (3) Efforts made to meet this need in ways other than If Only, (4) Additional information which will help to describe the request including an alternate request, if applicable.

Identification Information: