



# Veteran Services Application

## Authorization and Release of Information

1. I am an applicant of the Bandera County Committee on Aging Inc., Silver Sage Veteran's Services Program.
2. I certify that the information I provided is true and correct to the best of my knowledge.
3. I hereby give my permission to release any information and understand that it will be kept in strict confidence and be used ONLY for the program purpose.
4. I understand that a copy or electronic submission of this release is as valid as the original
5. I give Bandera County Committee on Aging Inc., Silver Sage Veteran's Services Program permission to share with, to inquire about, make pledges and to receive all information from other agencies, utility vendors or employers as needed.
6. I understand that my gross income is annualized at the time of the application according to pre-established rules and procedures to determine eligibility for assistance.
7. I understand that if I move, change my utility company, or phone number, I must notify Silver Sage Veteran's Services within 10 days.
8. *I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.*
9. I have either read the above statement or had it read and explained to me.
10. I understand I will be terminated from the Program immediately for the following offenses if committed by myself, the applicant, or any household member:
  - a. Any type of actual physical confrontation, belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside the Silver Sage Veteran's Service office.
  - b. Verbal abuse to include cussing at or in the presence of a child, elderly person or staff member or any other person(s) while inside or outside any Silver Sage Veteran's Service office. This includes any social media posts.
  - c. Sexual harassment or innuendo toward a staff member or any other person(s) while inside or outside any Silver Sage Veteran's Service office.
  - d. Providing false or misleading information regarding any household member(s).
  - e. Theft from agency or staff member or any other person(s) while inside or outside any Silver Sage Veteran's Service office. Theft is also identified as not returning Silver Sage Veteran's Services funds if required to do so or Forgery.
  - f. Violation of Silver Sage Veteran's Services concealed and open carry handgun and firearm policy.

**I acknowledge that once terminated, I will not be allowed to reapply for any services with the Bandera County Committee on Aging Inc., Silver Sage Veteran's Services for a period of 1-2 years depending on the severity of the violation and that the ban from services will remain in effect even if the person(s) who committed the violation moves out. I acknowledge that all documentation of the violation will be maintained in my client file and that I shall have the right to appeal in writing to the Veteran's Services Coordinator within 10 days of the violation.**

*I certify that the information on this application is correct, and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.*

**Applicant Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Coordinator Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_