Mecklenburg First In Families

A project of InReach

4530 Park Road, Suite 300 ● Charlotte, NC 28209 ● (704) 536-6661 ● (704) 536-0074 Fax

Potato Pick-Up Form

1. Have you received assistance from First In Families in the past? ☐ Yes or ☐ No
2. Family Size: _____
3. Parent/Legal Guardian Name: _____
4. Current Address (including city/state/zip): _____
5. Contact phone number: _____
6. Email address: _____
7. **Name of Individual with a developmental disability**: _____
8. How many bags of potatoes are you requesting? _____

By my signature below, I verify that the above information is accurate. My signature on this application also indicates I understand that I may receive a survey from First In Families of North Carolina asking me to give feedback on the FIF program. I understand that if I choose to complete the survey, those survey results may be shared (anonymously) with others.

_____	_____	_____
Print Name	Signature of Parent/Guardian/Self-Advocate	Date

PHOTO AUTHORIZATION

I hereby authorize InReach/First In Families and its affiliates to use the photographic or video image of the above named person & surrounding individuals in the image for training and/or publicity purposes. I understand that photographic image may appear in printed publications, displays, or video presentations. This release allows for the use of photographs or video images by InReach/First In Families and its affiliates and allows InReach/First In Families and its affiliates to permit photographs and video images to be taken and published in newspapers or other printed media and/or shown on television. The name of the person & surrounding individuals in the image may or may not appear in the photograph or video image depending on the situation.

_____	_____
(Individual or Legal Guardian signature)	(Date Signed)

☐ I hereby DECLINE my photo and that of my family being taken.

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