



Family Assistance Program

Please complete the following:

1. Fill out completely using blue or black ink
2. Initial boxes below to affirm you agree to each term
3. Sign this form and fax with accompanying documents to our secure fax to (800) 763-1597

By signing this form, you agree to all terms and conditions listed below.

I hereby give permission to Intervention Specialists (COMPANY), and its assignees, to verify my/our financial data in order to qualify for COMPANY's Family Assistance Program (FAP):

I understand my financial documents will be verified, and retained by COMPANY.

_____ YES (initial)

I understand my financial documents will be used internally by COMPANY to verify my/our participation in FAP.

_____ YES (initial)

I affirm that I/we have submitted complete personal (and business, if applicable) Federal Tax Forms for the previous two years.

_____ YES (initial)

Name (Please Print) _____

Home Address _____

City, State, Zip Code _____

Signature _____

Signed this _____ day of 20_____