

Social Service Agency User Agreement for Client Intake Process

Date: _____

Client Name: _____

Client ID: _____

Purpose

This User Agreement outlines the terms and conditions regarding the intake process at [Agency Name]. By signing this agreement, you acknowledge your understanding and acceptance of these terms.

Client Responsibilities

- Provide accurate and complete information during the intake process.
- Notify the agency of any changes in your contact information.
- Participate actively in your case management services.

Agency Responsibilities

- Ensure confidentiality of all client information.
- Provide timely updates regarding the status of your case.
- Facilitate access to services and resources that meet your needs.

Consent

By signing below, you consent to the collection and use of your personal information for the purposes stated above.

Client Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

Contact Information

If you have any questions about this agreement, please contact us at:

[Agency Phone Number]

[Agency Email Address]