



**DEAF AND HARD OF HEARING SERVICES
 INTERPRETER SERVICE PROGRAM (ISP) /
 SOCIAL SERVICES BLOCK GRANT (SSBG)
 APPLICATION AND SERVICES REGISTRATION**

State Form 49452 (R / 5-06) / DHHS 0003

Expiration date

PRIVACY NOTICE

This State Agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of this State Agency according to IC 12-13-5.2. Disclosure of information relating to racial / ethnic background, sex, marital status or, disability is strictly voluntary. Failure to provide any other information may prevent this application from being processed.

SECTION A - SERVICES are hereby requested by or on behalf of:

1. Last name of applicant	2. First name	3. M.I.	4. County	5. County code
6. Address (number and street, city) (ZIP code)			7. Telephone number (include area code)	
8. Email address (PRINT)			9. Other contact:	

10. SERVICE RECIPIENTS			11. Birthday (MM/DD/YY)	12. Sex F/M	* 13. Racial Ethnic Code	** 14. Martial Status M / D / S	*** 15. Disability	16. Other	17. AUTHORIZED SOCIAL SERVICES		
Last Name	First Name	M.I.							Service Code	Service Code	Service Code

FAMILY SIZE		* RACIAL/ETHNIC CODE		** MARTIAL STATUS	*** DISABILITY	21. Signature of Grantee Agency Staff	22. Grantee Agency Telephone #
18. Household		W = White	A = Asian-Pacific Islander	M = Married	D = Deaf		
19. Children in Family		B = Black (not of Hispanic origin)	M = Multiracial	D = Divorce	HH = Hard of Hearing		
20. Total in Family		H = Hispanic	O = Other	S = Single	OR = Oral		
		I = Native American / Native Alaskan			O = Other	23. Names of Agency Grantee	24. Grantee Contract Number

Social Services will be provided without discrimination because of race, age, color, religion, sex, disability, national origin, or ancestry. I hereby certify that the above information provided by me is correct and true to the best of my knowledge; I understand that I may be required to verify these statements, and give my consent to the agency from which I am requesting Social Services to make any necessary contacts to verify any statements. I understand my rights and obligations, and have received a copy of them at the time of application. I am a resident of Indiana.

25. Signature of parent and / or guardian (if child is under 18 years of age)	26. Date signed (month, day, year)
27. Signature of applicant	28. Date signed (month, day, year)