HELPING INDEPENDENT PARENTS

(H.I.P)

YEAR: _____

Registration Form

Name of Person Completing Form: _____

Address: _____

City: _____ State: _____ Zip Code_____

County: ☐Ashtabula ☐Lake ☐Geauga ☐Huron ☐Other_____

Phone Type: ☐Home ☐Work ☐Cell ☐Pager ☐Fax   (_____) _____

*YOU ARE ONLY ALLOWED FOR TWO VISITS PER MONTH.

Child(ren)'s Information

Child's Name(First & Last)	Date of Birth	Social Security #
1._____	____/____/_____	
2._____	____/____/_____	
3._____	____/____/_____	
4._____	____/____/_____	
5._____	____/____/_____	

Item(s) Received- each month has two slots for the two visits allowed each month. Please place a check mark next to all items taken and other items taken that are not listed please put on the other items line.

January

☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____
☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____

February

☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____
☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____

March

☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____
☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____

April

☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____
☐Diapers (Q:___)   ☐Wipes (Q:___)   ☐Clothes (Q:___)   ☐Blanket(s) (Q:___)   ☐Formula (Q:___)
☐Other Items: _____Date:_____Initials:_____ Staff Initials:_____

May

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

June

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

July

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

August

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

September

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

October

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

November

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

December

□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____
□Diapers (Q:___)   □Wipes (Q:___)   □Clothes (Q:___)   □Blanket(s) (Q:___)   □Formula (Q:___)
□Other Items: _____Date:_____Initials:_____ Staff Initials:_____

By signing this document you agreeing to all the terms and conditions listed on the terms and conditions page.

Signature: _____Date:_____

(H.I.P)
Terms and Conditions

- By signing your authorization form you are agreeing to all of the following terms and conditions.
    - Accepting that you are only allowed two visits per month; a total of 24 visits in a full year.
    - You will leave a copy of your State Issued ID or Driver's License.
    - You will provide us the with the child's social security number.
    - Be aware of the proxies that you have provided us.
    - Record everything that you have taken on your authorization form.
- The H.I.P Director reserves the right to cancel any order, even if already confirmed, in the following cases.
    - The item is no longer available.
    - The invoice information is not correct or invalid.
    - If the consumer is under 18 years old.
- Under the Data Protection Act 1998 and as such, any information concerning the Client and their respective Client Records may be passed to third parties. However, Client records are regarded as confidential and therefore will not be divulged to any third party, other than if legally required to do so to the appropriate authorities. Clients have the right to request sight of, and copies of any and all Client Records we keep, on the proviso that we are given reasonable notice of such a request. Clients are requested to retain copies of any literature issued in relation to the provision of our services. Where appropriate, we shall issue Client's with appropriate written information, handouts or copies of records as part of an agreed contract, for the benefit of both parties.
- We are committed to protecting your privacy. Authorized employees within the company on a need to know basis only use any information collected from individual customers. We constantly review our systems and data to ensure the best possible service to our customers. Parliament has created specific offences for unauthorized actions against computer systems and data. We will investigate any such actions with a view to prosecuting and/or taking civil proceedings to recover damages against those responsible.