



South Central Missouri Community Action Agency

Disclosure Form – Staff or Relative Receiving Services

- Disclosure of information with regard to services provided to related persons through employment with South Central Missouri Community Action Agency.
- All staff persons providing a service to their immediate family members (as defined in Personnel Policies) and/or another employee and their immediate family member, must have written approval prior to rendering service.
- The request and service (if approved) must be provided by staff other than related party.

Client/Participant Name: _____

Explanation of need for service: _____

For participation, does client/family meet income and program guidelines? _____ yes _____ no

Name of staff person the client/participant is related to, and relationship (sister, cousin, etc.)

Name Relationship

Name of staff person completing the form, their position and location/office site:

Approved by: _____
Program Director Executive Director

Date Approved: _____

Disclosure Form – Conflict of Interest

Indicate in this section if you, as a staff person, are aware of any circumstance or service that might be considered a conflict of interest. (Example: agency renting building owned by your cousin, mowing services by your nephew)

Name of person providing services: _____

Name of staff person the client/participant is related to, and relationship (sister, cousin, etc.)

Name Relationship