



# 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:

\_\_\_\_\_  
Name of Staff

\_\_\_\_\_  
Position

\_\_\_\_\_  
Location

Approved by: \_\_\_\_\_

Program Director

Approved by: \_\_\_\_\_

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