

# ENROLLMENT AGREEMENT

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NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_ in the DISPLACED  
HOMEMAKER PROGRAM.

**This program includes skills assessment, job search workshops, and labor market and employment information.**

**I understand that the personal and employment data collection system utilized by HELP of Southern Nevada and its authorized partnering agencies will allow for authorized staff to view my information for purposes of providing those employment and training services which I have requested. I also understand that this information will not be shared outside HELP of Southern Nevada and its authorized agencies participating in the Homeless Management Information System, and that all staff who have access to my information are required to enter into a strict confidentiality agreement as a condition of their employment.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE