



**PERMISSION AND PHOTO RELEASE FORM FOR
HCAOA'S BRING THE VOTE HOME VISIT**

(Please have your client fill this out.)

I, _____ (PLEASE FILL IN YOUR NAME), give permission to the below named legislator and staff and the below named home care agency owner and staff to visit me at my home, located at the address listed below, at the date and time listed below. I also give my permission to have photos of me and/or my home taken during this visit. These photos may be used in the media, in publications of the Home Care Association of America, and in Congressional communications to constituents, among other places.

This visit is part of the Home Care Association of America's BRING THE VOTE HOME CAMPAIGN, which seeks to educate lawmakers about home care for older Americans and individuals with disabilities.

Client's name: _____

Client's signature: _____

Home address: _____

Date and time of visit: _____

Name of legislator: _____

Name of Agency Owner: _____