



# FAIM Program Release of Information

## Consent to Share My FAIM Story

I, \_\_\_\_\_, give permission to the following to utilize my story and likeness in promotion and support of the Family Assets for Independence in Minnesota Program (FAIM) and Individual Development Accounts (IDAs):

- Local FAIM Agency \_\_\_\_\_
- Statewide FAIM Program
- Individual Development Account (IDA) Programs

This consent may include utilizing my narrative and/or pictures of me/my family in general marketing, news media, social media, brochures, presentations, or other publications in promotion of FAIM, IDA's, and in program funding requests. I understand that I may withdraw consent at any time by contacting the local FAIM agency listed above.

\*Images and information on the internet will be removed upon request. FAIM and the local agency are not responsible for unauthorized use of information obtained from postings by outside entities.

Participant Email: \_\_\_\_\_

Participant Phone: \_\_\_\_\_

\_\_\_\_\_  
FAIM Participant Physical Signature

\_\_\_\_\_  
Date

FAIM Coach Printed Name: \_\_\_\_\_

\_\_\_\_\_  
FAIM Local Coach Physical Signature

\_\_\_\_\_  
Date

Complete FAIM story on reverse, include a clear photo and email to the Statewide FAIM Administrator.

# Tell Your FAIM Story

Please answer these questions as best you can. You may skip a question if you choose or attach additional comments to this form. Client stories are used to invite new program participants and potential funders.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Family Structure: \_\_\_\_\_

Employment Status: \_\_\_\_\_

**Describe your situation prior to enrolling in FAIM.** \_\_\_\_\_

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**Which asset track did you choose and why?** \_\_\_\_\_

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**How has FAIM helped you?** \_\_\_\_\_

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**What part of FAIM helped you the most and why?** \_\_\_\_\_

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**Would you recommend FAIM to others and why/why not?** \_\_\_\_\_

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Please attach another sheet if additional space is needed.