

Juvenile Welfare Board of Pinellas County

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Written Statement of Purpose(s) for Collection of Social Security Number for Recipients of JWB-funded Programs and Services

The Juvenile Welfare Board (JWB) invests in partnerships, innovation and advocacy to strengthen Pinellas County children and families. The vision of the JWB is that children in Pinellas County will have a future of more successful and satisfying lives because of the efforts of JWB and its partners. JWB was established by Florida statute in 1945 (Special Act 2003-320: F.S. §189.429) and approved overwhelmingly by voters in a referendum in 1946. JWB was created with a mission to provide needed services to children and families throughout Pinellas County. JWB funds services for children and families in Pinellas County.

The purpose of this document is to provide individuals with written information about how JWB uses the Social Security numbers it collects. JWB is required by Florida's Public Records law [Fla. Stat. §119.071(5)] to provide this information to you.

Florida law allows JWB to collect Social Security numbers in order to carry out its duties and responsibilities prescribed by law (Fla. Stat. §119.071(5) (a) 2a. (II); Special Act 2003-320: F.S. §189.429). Specifically, it is imperative for JWB to collect Social Security numbers to conduct research, fund services, and to ensure that all services delivered to participants are of the highest possible quality.

In addition, collecting Social Security information is necessary to:

• Identify and match individuals and data to research in order to coordinate, plan, and improve services for children and families in Pinellas County;

Social Security numbers held by JWB are confidential and exempt from disclosure except as specifically authorized by law (Fla. Stat. §119.071) (5) (a) 5.). JWB follows the highest security standards. All reports produced by JWB provide information about services in general. No individual person is ever identified in any way in any report without JWB first obtaining that person's written consent.

Print Participant Name	Participant Signature	Date
Print Parent/Guardian Name (If participant is under 18 years of age)	Parent/Guardian Signature (If participant is under 18 years of	Date of age)
Print Participant Name	Participant Signature	Date
Time Fullepunt Nume	Farticipant Signature	Date



Print Participant Name	Participant Signature	Date
Print Parent/Guardian Name	Parent/Guardian Signature	Date
(If participant is under 18 years of age)	(If participant is under 18 years of	of age)
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Print Parent/Guardian Name	Parent/Guardian Signature	Date
(If participant is under 18 years of age)	(If participant is under 18 years of age)	
Print Participant Name	Participant Signature	Date
	Participant Signature Parent/Guardian Signature	Date
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