



American Indian Center of Arkansas

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AICA – SCSEP – DESIGNATION OF CONTACT PERSON

The following person is designation by the undersigned to be a contact person or to receive information from the AICA SCSEP Title V Program in the event of an emergency.

(This is a voluntary act on my part.)

Designee: _____

Relationship to participant: _____

Address: _____

Home phone: (_____) _____

Cell phone: (_____) _____

Participant Signature: _____ Date: _____
Type your name as your signature

Witness Signature: _____ Date: _____
Type your name as your signature