

**Catholic Charities of Kansas City – St. Joseph, Inc.**  
**HEALTH INFORMATION FORM FOR CYCLING FOR CHANGE**

(Please Print)

**Event Information: Cycling for Change**

Dates of Participation: From \_\_\_\_\_ To \_\_\_\_\_

**Participant Information**

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contacts in case of illness or injury:

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

**Participant Health Information**

Are you in general good health and able to participate in normal activities? \_\_\_ Yes \_\_\_ No

If No, describe your limitations: \_\_\_\_\_

\_\_\_\_\_

All immunizations up to date? \_\_\_ Yes \_\_\_ No

Physician's Name/Telephone: \_\_\_\_\_

Participant's Health Insurance Provider: \_\_\_\_\_

Policy or Group# \_\_\_\_\_

Primary Policyholder's Name : \_\_\_\_\_

**Optional Information (provide to the extent you feel is appropriate):**

Identify any prescription medications you are taking, and frequency of dosage: \_\_\_\_\_

\_\_\_\_\_

Identify any special dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Allergies, diseases, disorders, disabilities, surgeries or serious Injuries:

\_\_\_\_\_

\_\_\_\_\_

**Consent for Disclosure to Individual Involved in the Care and Treatment of Participant**

For the duration of the Event, I grant to Catholic Charities and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

\_\_\_\_\_ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

\_\_\_\_\_ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I understand that Catholic Charities will not be liable to me or any or my successors in interest for any action taken or not taken in good faith.

I understand that there is a risk of injury involved in long-distance bicycle riding. I hereby release the Catholic Charities of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in Cycling for Change.

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**Signature of Participant**

**Date**

***Form will be kept on file at Catholic Charities for a period of one year following the Event.***

## AUTHORIZATION FOR RELEASE OF INFORMATION

It is the policy of the Catholic Charities of Kansas City-St. Joseph and its insurer, the Diocese of Kansas City-St. Joseph Insurance Program that Employees or Volunteers who serve as drivers of vehicles carrying individuals (adults and/or children) within the scope of their duties performed on behalf of Catholic Charities must first authorize the Catholic Charities and its insurer to obtain driving record information from the appropriate state agency.

Name of Employee or Volunteer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number and State of Issuance: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Catholic Charities and its insurer to obtain and the appropriate state driver's license agency to release, all information regarding my driving record. I agree not to hold that state agency liable for the release of any information in connection herewith.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CYCLING FOR CHANGE**  
**PARTICIPANT AGREEMENT, RELEASE, WAIVER AND ASSUMPTION OF RISK AGREEMENT**

**WHEREAS**, Cycling for Change ("Program") is a program of Catholic Charities of Kansas City-St. Joseph, Inc. (hereinafter "Catholic Charities"), and

**WHEREAS**, the undersigned \_\_\_\_\_ desires to participate in the Program, and

**WHEREAS**, the undersigned has completed and signed the attached Participant Application, the terms of which and representations in which are hereby incorporated by reference:

**IT IS HEREBY AGREED** between Catholic Charities and the undersigned, in consideration for participation in the Program, that,

1. **Liability:** The undersigned represents that he or she is aware of the risks of long-distance bicycle riding with respect to property damage and/or personal injury, including but not limited to pain, discomfort, injury, exposure, dehydration, repetitive motion disorders, trauma, collision, cardiovascular strain and death, and that he or she willingly and knowingly and voluntarily assumes the risks inherent in such activity, and that he or she knowingly and voluntarily waives and releases, on behalf of him or her self and his or her heirs, successors and assigns, Catholic Charities, its employees, agents and corporate sponsors, from any and all claims, causes of action and liabilities of any kind arising out of the undersigned's participation in the Program, regardless of any claimed negligence of Catholic Charities or under any theory of law against Catholic Charities.

2. **Fundraising:** The undersigned acknowledges that he or she is committed to and responsible for raising the sum of money set forth in the Participant Application, and the undersigned hereby commits to cooperating with Catholic Charities in collecting any pledges made on his or her behalf. Furthermore, the undersigned agrees to make a reasonable effort to fully participate in additional fundraising efforts on behalf of the Cycling for Change program of Catholic Charities.

3. **Advocacy:** The undersigned acknowledges and incorporates the representations he or she has made concerning Advocacy in the Participant Application, and further pledges to present a positive image of Catholic Charities USA, Catholic Charities of Kansas City-St. Joseph, the Diocese of Kansas City-St. Joseph and all other Dioceses which may participate in or host portions of the effort. The undersigned further grants permission to Catholic Charities the right to use any photograph, image, videotape, motion picture, recording or other record of his or her participation in the Program for any reasonable business or charitable purpose of Catholic Charities.

4. **Leadership:** The undersigned acknowledges that the logistics and challenges of organizing a bicycle tour of approximately 500 miles through varied terrains, weather conditions and other circumstances. The undersigned agrees to accept full responsibility to obey the traffic and rules of safety for the Program. The undersigned agrees to follow the instructions of the team leaders designated by Catholic Charities, in order to assist with his or her own safety and convenience, as well as the safety and convenience of the other Participants. Catholic Charities, through the team leaders, shall have sole discretion to alter any and all plans for the Program's bicycle tour, including cancellation of the tour or portions thereof.

5. **Emergency Medical Treatment :** The undersigned hereby consents to emergency medical treatment in the event of injury or illness while participating in the Program.

6. **Effect of Violation of Terms of Agreement:** Violations of the terms of this Agreement may result, in the sole discretion of Catholic Charities, in the undersigned's immediate dismissal from the Program, civil action, or any other remedy allowable by law.

7. **Other:** This agreement shall be enforced under the laws of the State of Missouri. If any part of this Agreement is not enforceable, the affected provision will be limited only to the extent necessary to bring it within the requirements of the law, and the remainder of the Agreement shall continue in full force and effect.

I have read, understand and agree to the above Participant Agreement, Release, Waiver and Assumption of Risk Agreement. Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Name printed

Catholic Charities of Kansas City-St. Joseph

\_\_\_\_\_  
By:



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 FAMILY CARE SAFETY REGISTRY  
**WORKER REGISTRATION**

FCSR USE ONLY

PLEASE TYPE OR PRINT CLEARLY

**SECTION A: WORKER TYPE (CHECK ONE BOX ONLY)**

- CHILD CARE WORKER       PERSONAL CARE WORKER       VOLUNTARY REGISTRANT  
 ELDER CARE WORKER       RECIPIENT OF STATE OR FEDERAL FUNDS       FOSTER PARENT

**SECTION B: IDENTIFYING DATA FOR BACKGROUND SCREENING**

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
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PRIOR NAMES USED

SOCIAL SECURITY NUMBER (ATTACH COPY OF SOCIAL SECURITY CARD)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NO. (optional) (      )
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**MAILING ADDRESS**

STREET ADDRESS OR POST OFFICE BOX	CITY	STATE	ZIP CODE	COUNTY
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**HOME ADDRESS (if different than mailing address)**

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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**SECTION C: CURRENT EMPLOYER INFORMATION (IF APPLICABLE)**

EMPLOYER NAME Catholic Charities License # 000094446	CONTACT PERSON Kelly Johnson	PHONE NUMBER (816)714-2377
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ADDRESS 301 E. Armour Blvd., Suite 620	CITY Kansas City, MO	STATE MO	ZIP CODE 64111
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**SECTION D: AUTHORIZATION TO RELEASE BACKGROUND SCREENING INFORMATION**

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the Missouri Department of Health and Senior Services to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requestor of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy in the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening determination.

**NOTICE:** The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to your designated bank account. I understand that my signature below authorizes my Financial Institution to deduct this payment from my account. In the event that DHSS or its subcontractor, is unable to secure funds from your account or you provide insufficient or inaccurate information regarding your account, your obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
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**IMPORTANT**

- Individuals are required to register one time only.
- Contact 1-866-422-6872 (toll-free) if you have questions or visit [www.dhss.mo.gov/FCSR](http://www.dhss.mo.gov/FCSR)
- Read back of form for instructions and information on registrant notification and appeal rights
- Send completed registration form, copy of Social Security card and required fee to:

Missouri Department of Health and Senior Services  
 Attn: Fee Receipts  
 P.O. Box 570  
 Jefferson City, MO 65102

## WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and other employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, elder care and personal care workers and child care and elder care providers:

1. State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
2. Child abuse/neglect records, maintained by the Department of Social Services
3. The Employee Disqualification List, maintained by the Department of Health and Senior Services
4. The Employee Disqualification Registry maintained by the Department of Mental Health
5. Child care facility licensing records, maintained by the Department of Health and Senior Services
6. Foster parent, residential care facility, and child placing agency licensing records, maintained by Department of Social Services
7. Residential living facility and nursing home licensing records, maintained by the Department of Health and Senior Services

## WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, or hired on or after January 1, 2002 as a personal care worker, as defined in §210.900, subsection 2, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-State and/or Federally regulated entities are NOT REQUIRED to register with the FCSR.

## HOW DO I COMPLETE THE REGISTRATION FORM?

Section A: Type of Worker - Check one box that best describes your worker category. A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 to §210.936, RSMo.

Section B: Identifying Data for Background Screening - List your current name, maiden name, all prior names used, Social Security number, date of birth, gender, home address, and mailing address. You must provide your Social Security number pursuant to §210.906.2, RSMo Supp. 1999. This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Section C: Current Employer Information (If Applicable) - If you are currently employed by or are seeking employment with a child care or elder care provider, please list the facility name, owner/operator, telephone number and facility address. If you are a foster parent, a voluntary registrant, or receive state or federal funds for child care or elder care services, leave this section blank.

Section D: Authorization to Release Background Check Information - Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requestors for "employment purposes", as provided in §210.921.1, RSMo.

## WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the Missouri Department of Health and Senior Services, Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102. If you have questions, please call the Registry using the toll-free telephone number, 1-866-422-6872.

## WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND CHECK?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only as defined pursuant to §210.921.1, RSMo. **Any person using Registry information for any other purpose is guilty of a class B misdemeanor.** In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the person calling, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102.

## WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND CHECK?

Pursuant to §210.912, RSMo, you have the right to appeal the information transferred onto the Family Care Safety Registry. Your right to appeal is limited only to the accuracy in the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal needs to be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

## WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. A Registry worker will first confirm whether the person in question is registered. If the person is registered, the Registry worker will then disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one. Specific information will only be disclosed by the Registry upon receipt of a written request from the caller.

**INVESTIGATIVE CONSUMER REPORT DISCLOSURE & CONSENT FORM**  
**Catholic Diocese of Kansas City – St. Joseph**

Location: \_\_\_\_\_ Printed Name \_\_\_\_\_

***Information obtained from ISP on behalf of the Diocese of Kansas City-St. Joseph is limited to Criminal History and Sex Offender Registry only. This information will be maintained in the strictest of confidential fashions and will be disclosed on a "need to know" basis only. Reference to information outside the scope of Criminal History and Sex Offender Registry as outlined below is not relevant to the Diocese of Kansas City-St. Joseph.***

**ISP/Promesa Consent Notice**

In connection with your employment or application for employment or to volunteer (or contract for services), an investigative consumer report and consumer reports, which may contain public record information, may be requested from ISP/ProMesa Enterprises, Inc (ISP). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol use, information relating to your character, criminal information, educational background, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from ISP concerning previous driving record requests made by others from such state agencies.

You have the right to receive, upon your written request within 30 days, a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to ISP, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that ISP has previously furnished within the two-year period preceding your request. ISP may be contacted by mail at: ISP/ProMesa Enterprises, Inc. Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420.

I authorize ISP to prepare a consumer report or investigative consumer report and to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA). If hired, allowed to volunteer or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment, volunteerism or contract period.

I hereby fully release and discharge ISP, Catholic Diocese of Kansas City, and their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to ISP from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion or volunteerism.

Today's Date \_\_\_\_\_ Signature \_\_\_\_\_

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State Issuing \_\_\_\_\_

**Oklahoma Applicants Only:** I request a copy of any *credit* report requested on me.

**Minnesota Applicants Only:** I request a copy of any consumer report requested on me.

**Notice to California Applicants** Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ISP/Promesa Enterprises during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ISP in person, by mail, or by telephone. ISP may be contacted by mail at ISP Attn: Consumer Department 5316 Hwy. 290-Suite 500, Austin, TX 78735, or by phone at 800-474-4420. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. I request to receive a free copy of any investigative consumer report ordered on me by checking this box. (California applicants only) Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission. FCRA – InvDiscReIH 10/03

## SUMMARY OF RIGHTS UNDER FCRA

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you-- such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
2. You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
5. You can dispute inaccurate items with the source of the information. If you tell anyone-- such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
8. Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

# Catholic Charities of Kansas City – St. Joseph

## Volunteer Forms

Copy of **Social Security Card**

Copy of **Drivers License**

Copy of **Health Insurance Card**

**Directions:** Print form, place appropriate item in the outlined box, and make a copy or scan.  
Feel free to fax 816.221.9116, Email [scronkhite@ccharities.com](mailto:scronkhite@ccharities.com) or mail  
Catholic Charities; Attn Suzanne; 20 W 9<sup>th</sup> Street, Kansas City, MO 64105