



PARTICIPATION APPLICATION FOR SAFE AT HOME PROGRAM

TYPE OF APPLICATION

Enrollment Renewal

APPLICANT INFORMATION			
This form is being completed by:			
<input type="checkbox"/> Applicant <input type="checkbox"/> Parent or guardian on behalf of minor applicant <input type="checkbox"/> Guardian of applicant declared incompetent by a court <input type="checkbox"/> Individual living with a victim			
Name of Applicant (first, middle, last)	Date of Birth (month/day/year)	Driver License or State ID Number	Gender
Any Other Name that may appear on Applicant's Mail		Email	
Residential Address (required)	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Applicant's telephone number for use by Secretary of State (____) - _____		Preferred method of communication	
<input type="checkbox"/> Home <input type="checkbox"/> Cellular <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Text message <input type="checkbox"/> Email	
		Email Address _____	
Emergency Contact		Emergency Contact Phone Number	

*Dependents' Legal Name(s) (First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Relationship to Applicant

*If you have more dependents, please attach a sheet listing their full name, date of birth and relationship to applicant.

Name of person(s) who is causing you to have safety concerns for yourself, your household members and/or the person you are completing this application for (please fill out as much information as you have available):			
Name	Date of Birth (month/day/year)	Phone number	
Address	City	State	Zip Code

I have good reason to believe I am a victim of an offense perpetrated by someone who is employed by or has personal connections to law enforcement or a government agency. *This is not required if not applicable*
<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for applying to Safe at Home
<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Stalking <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Criminal Offense Committed Against a Minor
How did you hear about Safe at Home?

Staff Use Only:	Certification Date	Initials	Participant Number (if applicable)
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Please read each of the statements below and initial. You must read and agree to each of the statements below.	
	I am not applying to participate in Safe at Home in order to avoid prosecution of any kind. I confirm that I am not required to register as a sex offender under the laws of Georgia or any other state.
	I understand I must be relocating to a new address or have recently relocated to a new location to be eligible for the program.
	I am an adult survivor of domestic violence, sexual assault, stalking or human trafficking or I am the parent of a child or guardian of an adult individual who is such a survivor, or I am a household member of such a survivor. I fear for my safety or the safety of another person who resides in the same household.
	I understand Safe at Home will send me an authorized card printed with my Safe at Home designated address. Once I receive a letter authorizing me to use the substitute address, my enrolled dependents and I can use it on new public records with government agencies and the courts. I understand that records created prior to my certification in Safe at Home are not confidential.
	I understand that I am required to disclose to the government agencies and the courts that I am a Safe at Home participant if I want the government agency or the courts to use my Safe at Home designated address. It is my responsibility to show my Safe at Home authorization card as verification of my enrollment in Safe at Home.
	I understand Safe at Home will designate a substitute address for me. If I want to use the substitute address for my mail in place of my confidential address, it is my responsibility to notify family, businesses, and government agencies to send my mail to the address designated by Safe at Home.
	I understand that Safe at Home is only required to forward First-Class Mail, legal documents, certified mail, and service of process. Safe at Home does not forward subscriptions, magazines, packages, and presorted standard "junk" mail.
	I designate the Secretary of State as my agent for service of process and for the purpose of receipt of mail. Therefore, if Safe at Home accepts legal documents or certified mail addressed to me, it is as if I received them.
	I understand the Secretary of State's office may deem it appropriate to release my address or mailing address in accordance with the Safe at Home statutes and rules if: 1) a law enforcement agency or government agency requests that information from Safe at Home for a very specific purpose and the Secretary of State's office determines that the agency has a bona fide statutory or administrative requirement for the use of my address or mailing address and such information will be used to fulfill that bona fide statutory or administrative requirement; or 2) a judge orders Safe at Home to release such information.
	I understand if I chose to, I will need to re-register to vote utilizing the substitute address. I understand I'm not required to be a registered voter to be a program participant.
	I understand that my participation in Safe at Home will be canceled if: 1) I send a written request for cancellation to the Safe at Home program; 2) I changed my mailing address and I do not notify Safe at Home in writing within 30 days; 3) obtain a new name and do not provide legal documentation to Safe at Home within 30 days; 4) mail forwarded to me is returned to Safe at Home as undeliverable; 5) I move out of state; or 6) I do not complete the renewal process before my certification expires.
	I have read, understand, and agree to the items above.

SIGNATURE OF APPLICANT		
I, the applicant, parent or guardian on behalf of a minor applicant, guardian acting on behalf of a person who is declared incompetent, or a parent or guardian of a minor or a guardian of a person declared incompetent who cannot apply for him or herself, swear or affirm, under the penalty of perjury in the second degree, that the information contained in the "Applicant Information" and "Statement of Qualification" portions of this application is true and accurate to the best of my knowledge and belief.		
Printed Name of Applicant	Signature of Applicant	Date
Printed Name of Application	Assistant Signature of Application	Assistant Date

NOTARIZATION	
State of Georgia County of _____	
The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____.	
Notary Public Signature: _____ Commission ID: _____ Commission Expires: _____	

Please send completed form to safeathome@sos.ga.gov