



**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: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_