

Senior Center Text Message Authorization Form
For Blooming Health Communications

Participant Information

- **Full Name:**
 - **Mobile Phone Number:**
 - **Preferred Language:**
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Authorization and Consent

I authorize the Senior Center to send text messages to my mobile phone number listed above using the Blooming Health platform. I understand that these text messages may include information regarding:

- Senior Center activities and events
- Community notices and updates
- Program surveys
- Department closures and important service announcements

I understand:

- Message and data rates may apply according to my mobile phone plan.
 - I may opt out of receiving text messages at any time by replying "STOP" to any message or by contacting the Senior Center directly.
 - My phone number will not be shared with outside organizations and will be used only for Senior Center communications.
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Signature:

Date:

For Office Use Only

- **Staff Initials:**
- **Date Entered:**