

Consent to Receive SMS Messages

By providing your mobile phone number and checking the box below (or signing this form), you consent to receive SMS (text) messages from **Oceana County Council on Aging** related to our programs, services, and wellness communications.

These messages may include:

- Appointment reminders
- Program or event updates
- Community alerts
- Wellness and resource information

Consent is not a condition of receiving services. Message and data rates may apply depending on your mobile carrier.

You understand and agree that:

- Message frequency may vary based on your participation and preferences
- You can opt out at any time by replying "STOP" to any message
- For help, reply "HELP" or contact us directly at [Insert Phone Number or Email]
- Your personal information, including your mobile number and any health-related data, will **not** be shared, sold, or rented to third parties for marketing purposes

By signing below, you confirm that you are the authorized user of the mobile number provided, and you consent to receive text messages from [Council on Aging Name] as described above.

Name:			
Mobile Number:			
Signature:			
Date:			
☐ I consent to receive SMS mess	ages as described abo	ove.	