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603 N Church Street, Wilmington, DE 19801  
600 S Harrison Street, Wilmington, DE 19805

# Client Contract

I understand that in order to resolve my financial issue, DCRAC staff will:

1. Need personal and financial information
2. Protect my personal and financial information
3. Share my personal and financial information with appropriate entities on a need to know basis
4. Work with me as my advocate if armed with the most accurate and updated information

For DCRAC to be my strongest advocate, I understand that:

1. I must provide needed documentation within 10 days of request
2. I must communicate any changes to my personal and financial information immediately
3. I must come prepared to all meetings
4. If I fail to respond to requests for documents or meetings after 3 attempts, DCRAC will close my file
5. I must provide complete and accurate information.

**Client Name:** \_\_\_\_\_

Signature & Date: \_\_\_\_\_

**DCRAC Name:** \_\_\_\_\_

Signature & Date: \_\_\_\_\_