Catholic Charities

|  |
| --- |
| Resource and Referral Program Agreement of Participation |

Resource and Referral Program is designed to assist you with limited financial or material needs, Christ Child assessments and referrals, seasonal assistance, community referrals and case management services. Financial and material assistance is based upon a variety of factors including assessed needs, funding availability, program eligibility requirements, appointment availability and receipt of appropriate documentation. Catholic Charities does not deny services based on race, religion, national origin, age, sex, or disability. This agreement of participation describes the services we will provide and what will be expected from you.

Your Resource and Referral Advocate will:

1. Assess your needs through an Intake Summary.
2. Help you identify community resources.
3. Collaborate with other agencies as may be needed to further assist you.
4. Depending upon your situation and funding availability, provide financial or material assistance.
5. Suggest additional Catholic Charities services or programming that may be of benefit to you including goal setting, achievement tracking and skills building. .
6. Respect your right to privacy.
7. Respect your right to terminate services at any time.

Client agrees to:

1. Depending on your situation, you will have gone to your Trustees first before receiving financial and material assistance from Catholic Charities.
2. Be open and honest about your situation so the case manager can better assist you.
3. Provide current and accurate documentation of your household income, rental agreements and utility bills. Allow the case manager to make a copy of your picture ID, utility bills and proof of income.
4. Understands that all vendors must submit W9 form to Catholic Charities in order for assistance to be issued on your behalf.
5. Sign a release to exchange information if other agencies are contacted on your behalf.
6. Agree to work cooperatively with your case manager.
7. Understand that you are responsible for your own financial obligations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Signature Date