



Families First of Monroe County

Formal Information: Services, Contacts, Hours and Appointments



www.familiesfirstofmonroecounty.org

Resources

Information

Referrals

Services and Programming:

Families First of Monroe County (Families First) is designed to support and serve at-risk individuals and families experiencing financial crisis and/or daily life challenges:

- Emergency financial assistance for first month's rent, rental arrears, security deposit and utility assistance.
- Information and referral to agency and community resources.
- Budget counseling and money management.
- Employment support services.
- Tenant/landlord negotiations and eviction prevention through landlord and tenant education.
- Advocacy and support.
- Distribution of basic need items, such as diapers, blankets, toiletries, shampoo, soap, etc.

Services and programming provided by Families First are strength-based, client-centered, confidential, and free.

Families First Contact Information:

1500 N Superior Ave, Unit 2
PO Box 707
Tomah, WI 54660
(O) 608-374-4141
(F) 608-374-4188

Email: info@familiesfirstofmonroecounty.org
Website: familiesfirstofmonroecounty.org
Facebook: [familiesfirstofmonroecounty](https://www.facebook.com/familiesfirstofmonroecounty)

Hours of Operation:

- Families First is open Monday through Thursday from 7:00am - 6:00pm
- The office is closed on Fridays and recognized Holidays. In the event the office is closed during regular operating hours, a sign will be posted on the front door and on our website. Additionally, there will be an outgoing message will reflect any change in office hours or closures as well.
- Case Managers can make appointments outside of regular office hours given extreme circumstances and at the Case Managers discretion.

Appointment Process and Client Expectation:

- Families First is not taking walk-ins. An appointment will need to be scheduled during business hours.
- We require clients arrive at least 15 minutes prior to the scheduled meeting time. If the client is going to be late (more than 15 minutes) or cannot come to the meeting, we ask the client to call and reschedule or cancel the appointment. If the client is more than 15 minutes late then staff reserves the right to cancel the appointment.
- Unattended appointments without notice of cancellation will be reviewed by Families First staff members and habitual failure to attend scheduled appointments may result in termination of services.
- Clients are expected to behave in a calm, respectable manner when interacting with Families First staff. The Case Manager reserves the right to terminate meeting/phone call with the client if the client's behavior becomes an issue. If necessary, Families First staff reserves the right to call the police in needed situations.

By signing below, I understand and agree to the information outlined within this document.

Client

Date



Families First of Monroe County

Clients Rights and Responsibilities Grievance, Termination, and Appeals Policy



www.familiesfirstofmonroecounty.org

Resources

Information

Referrals

Clients Have the Right to:

Receive professional, courteous, and caring assistance that respects and appreciates differences related to race, ethnicity, national origin, gender, sexual orientation, religion, personal values, age, disability, economic and/or veteran status.

- *Fair Treatment:* You have the right to expect us to apply eligibility criteria fairly and impartially.
- *Courtesy and Consideration:* Clients have the right to be treated with courtesy, respect, and consideration.
- *Privacy and Confidentiality:* You have the right to expect that your personal and financial information is protected against unauthorized use or disclosure. We do not release information without your written permission, except upon court order, as required by law (as in the case of certain communicable diseases and reports of child abuse), or as required, in our judgment, to protect you or others from physical danger.
- *Information:* You have the right to get complete, accurate, and clear information about your rights, entitlements, and obligations you need to participate in decisions about your care, and to give consent before any information or referrals are completed.
- *Entitlements:* You have the right to every service you are eligible for
- *Formal Review:* If you believe you have not received fair treatment or inadequate services, you have the right to appeal your case. If you feel your rights have not been respected, we encourage you to speak with a supervisor.

Clients Responsibilities:

- To provide accurate and complete information about your current situation with documentation and to report changes immediately with your case manager that pertain directly to your situation.
- To ask questions for clarity with instructions and to understand the services you may receive.
- To follow through on requests made by your Case Manager or Families First staff for information, pending documentation, signatures, and so forth which will result in a delay in services until fulfilled.
- To keep your appointment time, or change/cancel it in a timely manner. This allows for others in need to have access to the same services.
- To use services wisely, be aware of costs of services and not waste resources.
- To be respectful of others, including staff, volunteers, and other clients.
- To communicate with your Case Manager, other staff members, or volunteers if you have concerns or suggestions about the care you receive here, so we can work together to provide you with the best possible service.

Grievance Process:

Families First of Monroe County, Inc. is the contractor agency for the Homeless Prevention Program in Monroe County. Dissatisfaction with services provided by Case Care Management staff may be submitted in writing to the Executive Director who will consider the complaint and respond in writing as soon as possible. If you are not satisfied with this response, or if your complaint is with the Executive Director, you may appeal to the President of the Board of Directors for Families First. The Board of Directors will review the complaint and will notify you in writing as to its conclusions and how the complaint will be resolved. The Board will not consider complaints that have not been previously submitted through the chain of command as indicated above. There is a separate form at the time of intake that a client will receive that they may use in the grievance process.

Termination from the Program:

Before a recommendation of termination is approved, we must first do all that we can to resolve the situation.

Termination:

Program participants may be terminated from the program if:

- Household members have threatened property or staff.
- The client has stated in writing they no longer want to be involved in programming further.
- The client is incarcerated for more than 30 days.
- The client is hospitalized for either medical or psychiatric reasons for more than 90 days.
- The client is evicted from the apartment due to a violation of the tenant-landlord lease.
- The client provides falsified information or neglects to provide required information.
- The client subleases the unit to other persons.
- The client is involved in criminal or unlawful activity that results in a disturbance with the neighbors and/or an eviction results from activity.
- The client moves to another HUD funded project or moves out of the unit without notice.
- The client does not comply with the financial portion of the rental assistance.
- The client violates the Payment Agreement if different from the lease.

Termination Requirements:

If termination is necessary, principles of due process must be followed. At a minimum, this process must include:

- 1) Written notice to the participant containing a clear statement of the reason for the termination, and at least 30 days notice and a date to when they can appeal the decision.
- 2) A review of the decision, during which the participant can present written or verbal objections before someone other than the person (or subordinate of the person) who made or approved the termination decision; and
- 3) Prompt written notice of the final decision to the participant.

Families First permits to resume assistance to a program participant whose assistance was previously terminated. If this occurs, there is no need to document disability again. Homeless documentation will be required again.

Appeals Process:

Participants may appeal decisions about their eligibility, or the termination or closing of their participation in the Families First programming. The participant should put in writing the appeal and provide them with a period (20 days or so) in which the appeal should arrive.

Appeals to eligibility or termination decisions may be made in writing to:

Executive Director, PO Box 707, Tomah, WI 54660

The Executive Director will investigate and render a decision in a timely manner. If further review is requested, three members of the Board of Directors will review the complaint and decision. Prompt notification of the final decision will be mailed to the program participant.

If you have read, reviewed, and understood this document, please date and sign below.

Date: _____

Client Signature

Case Manager Signature



Wisconsin HMIS Client Informed Consent and Release of Information

PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES *Please read the following notice and authorization (or ask to have it read to you) before signing.*

This agency Families First of Monroe County participates in the Wisconsin statewide Homeless Management and Information System. Agencies that participate in the Wisconsin HMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances (ICA). The name of the software vendor that developed and maintains the software is called Bitfocus. The name of the software that stores this data is called Clarity Human Services.

Benefits to Data Sharing for the Consumer	
Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

**Bitfocus ensures the security of its system. Please see below for detailed information on security measures.*

Because this network is made up of many service providers, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network and with network partners who have written agreements with ICA. WI HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, network partners and limited staff of the Institute for Community Alliances. Personally identifying information will not be shared with any State or Federal department for the purposes of determining your eligibility in other State or Federal programs (for example, Food Share). Information collected is housed in a secure server owned and hosted by Bitfocus in Virginia, Ohio, Oregon, and California. Limited Bitfocus staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network and network partners can be accessed on the ICA website here, [HMIS Release of Information](#). This list may change.

Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network or network partner will have access to it.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.



Wisconsin HMIS Client Informed Consent and Release of Information

Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Gender, Race, Ethnicity, Last Residence Information, Military Status
- Housing/Program Specific: Program Enrollments, Assessments, Services, Case Notes, Referrals, File Attachments

Please indicate your choice regarding data sharing

- **Option 1:** Verbal Consent

_____ By initialing here, I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network and network partners.

- **Option 2:** Verbal Consent

_____ By initialing here, I agree to share my and my child/children's specified information, *except* for the information identified below. I do not want to share my and my child/children's:

- Program Enrollments
- Assessments
- Services
- Case Notes
- Referrals
- File Attachments

- **Option 3:** Verbal Consent

_____ By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies/network partners.

I understand that signing below relates only to data sharing within the WI HMIS and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Print Name: _____

Client Signature: _____ **Date:** _____

Adult #2 Print Name: _____

Adult #2 Client Signature: _____ **Date:** _____

Agency Witness Signature: _____ **Date:** _____

Verbal Consent obtained by phone (Agency Staff Initials): _____ **Date:** _____



Case Care Management for Action Stability Program



www.familiesfirstofmonroecounty.org • Resources • Information • Referrals

1118 W. Veterans St. P.O. Box 707 • Tomah, WI 54660-0707 • Phone: (608)374-4141 • Fax: (608)374-4188

The Case Care Management for Action Stability Agreement (the “Agreement”) serves to confirm the mutual understandings of the Case Care Manager (“CCM”) and the individual (the “Client”), to collaborate, coordinate and agree upon the services and supports needed to assist the client in moving forward with their lives in accordance with the terms set forth below.

I agree to develop and establish in a team approach, with my CCM’s assistance, an action plan to achieve self-sufficiency and stability. I agree the goal setting may include several formal and informal support people from different backgrounds, skills, or areas of expertise. I agree to actively work with my CCM to develop positive goals that are focused, realistic, achievable, and comfortable that apply to my personal, academic, educational, employment, financial, spiritual, emotional, and physical domains. I agree to adhere and follow through with the goals that are identified to the best of my ability. I also agree that setting and attaining goals in my Action Plan must be viewed as a continuing learning process for both me and my CCM rather than a success-failure distinction.

I agree to check-in monthly in person, by phone or email for specified times established between myself and my CCM. Goal progression will be reviewed, as well as any barriers to meeting my outcomes, and I agree to accept changes that may be necessary in reaching my outcomes. I understand that my CCM will work with me on providing resources and services for up to a specified time to help stabilize my situation. I also understand that my CCM expects me to contact Families First with any problems or questions that may require additional assistance in between these check-ins.

I have read, and I understand that my services may be terminated at any time with failure to meet with my CMM. After three no call or no shows for scheduled appointments will lead to services being terminated. I acknowledge that if I want to obtain services from Families First after being terminated from the program, I will start over with a new appointment and intake.

I have read the terms and understand the expectations outlined in the Agreement. I understand that by signing this Agreement I agree to fully participate with my Case Care Manager and will follow the guidelines set forth within the program I am participating in and with my Action Plan. I understand that if I **do not** remain compliant with this Agreement, my Action Plan and/or the program guidelines, the Agency will terminate my participation and I lose program benefits and/or financial resources/assistance dedicated to my case.

Client Signature

Date

Case Manager Signature

Date

Clients Rights Formal Grievance Form:

Name of person with grievance: _____

Date of submission: _____

Reason(s) for grievance(s): _____

Right(s) violated: _____

Evidence provided: _____

Relief/resolution sought: _____

Disposition of the Grievance: _____

Signature of person with grievance:

MAIL TO: Executive Director PO Box 707
Tomah, WI 54660