

I have been informed of my rights and responsibilities as a client of Catholic Charities. Furthermore, I acknowledge by signing this form that I have received a copy of Catholic Charities Client Handbook which includes:

- Mission
- Locations & Hours of Operation
- Client Rights and Responsibilities
- Responsibilities as a Client
- Client Right to Refuse Services
- Discharge and Termination of Services
- Service to Minors without Parental Consent
- Grievance Procedures
- Mandatory Child Abuse Reporting
- Report to Adult Protective Services
- Duty to Warn
- Behavior Support and Management Policy/Practice
- Weapons Policy
- Smoking Policy
- Handling of Medication
- Release of Information/Privacy Act Notice
- Resources for Healthy Living

Signature of client or personal representative/guardian

Date

Printed name of client or personal representative/guardian

Date

Signature of client if under the age of 18

Date

Printed name of client if under the age of 18

Date

Signature of Catholic Charities employee

Date

Consent to Release Information- Resource & Referral Program, Team Heat, EFSP

I understand my participation in the Resource & Referral Program and receiving assistance funded through United Way of St. Joseph County, the Emergency Food & Shelter Program and Team Heat requires that Catholic Charities to enter my personal information into a community data reporting system sponsored by United Way of St. Joseph County and reporting of similar information to the Emergency Food & Shelter Program. Access to, protection of and release of information contained in this system or reported to EFSP, individually or collectively, is controlled and monitored by the entity receiving the information. I release Catholic Charities from any liability, injury, loss or damage that may result from entry of my personal information into this data system or reported to EFSP.

This information will include but is not limited to name, address, birth date, household information, demographic information, service requested, and date, type and amount of assistance provided, including vendor and account numbers. I give my consent for Catholic Charities to release my information and enter said information into the community data system required as part of my participation in this program. Further, I give consent to the release of information to the Emergency Food & Shelter Program related to the services received as a participant in the Resource & Referral Program.

Client Signature: _____ Date: _____

Catholic Charities

Diocese of Fort Wayne-South Bend

Client/Recipient – Intake/Data Sheet

PLEASE PRINT CLEARLY

Date of Application _____

Original Caseworker _____

Service Location _____

Case Number _____

Redetermination Date _____

LAST NAME Mrs. Ms. Mr.		FIRST NAME		MI	GENDER M or F	PREGNANT Yes or No	DOB	ETHNICITY Hispanic/Latino Non-Hispanic/Latino
STREET					CITY/STATE		ZIP CODE	
HOME #		CELL #		MAIDEN NAME		MARITAL STATUS (See Choices Below)	RACE (See Choices Below)	RELIGION (See Choices Below)
EMPLOYED Yes or No Permanent Temporary Seasonal	HOURS PER WEEK	WAGES PER MO _____ SSI/SSI DISAB _____ CHILD SUPPORT _____ UNEMPLOYMENT _____ FOOD STAMPS _____ OTHER(SPECIFY) _____		CITIZENSHIP STATUS US Citizen Non-Citizen Other	COUNTRY OF ORIGIN	DATE OF ENTRY	ALIEN #	
PRIMARY LANGUAGE		E-MAIL ADDRESS			LAST GRADE COMPLETED/SECONDARY EDUCATION OR DEGREE			

OTHER HOUSEHOLD MEMBERS (Use Back of Form if Needed)	GENDER	DOB	FAMILY RELATIONSHIP (See Choices Below)	RACE (See Choices Below)	RELIGION (See Choices Below)
OTHER PHONE # / or ALIEN #					

FAMILY RELATIONSHIP 1. Brother 2. Co-habitant 3. Daughter 4. Daughter-in-law 5. Dependent Child 6. Foster Child 7. Foster Parent 8. Friend 9. Grandchild 10. Grandparent 11. Guardian 12. Other Caretaker 13. Other Family Member 14. Other Non-Family 15. Parent 16. Self 17. Sister 18. Sister-in-law 19. Son 20. Son-in-law 21. Spouse 22. Step Child 23. Step Parent 24. Unknown 25. Ward	MARITAL STATUS 1. Single 2. Never Married 3. Divorced 4. Married & Living with Spouse 5. Married, Not Living with Spouse 6. Living Together 7. Widowed 8. Other 9. Unknown 10. Remarried 11. Soon-to-be-Married	RACE 1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White 6. Don't Know	RELIGIOUS AFFILIATION 1. Christian 2. Catholic 3. Jewish 4. Muslim 5. None 6. Other 7. Buddhist 8. Unknown 9. Refused 10. Anglican 11. Nomad
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PARISH _____

REFERRAL _____

Self-Sufficiency Matrix

Rate the client's level of self-sufficiency at the assessment point-in-time on a scale of 1 to 5 in each domain below based on the descriptions provided. Select "Not Applicable" if a domain is not applicable for the client.

Assessment:

Assessment

Date:

Assessment

Type:

Comments:

Income:

- 1 - No Income
- 2 - Inadequate income and/or spontaneous or inappropriate spending
- 3 - Can meet basic needs with subsidy; appropriate spending
- * 4 - Can meet basic needs and manage debt without assistance
- 5 - Income is sufficient, well managed; has discretionary income and is able to save
- 6 - Not Applicable

Employment:

- 1 - No Job
- 2 - Temporary, part-time or seasonal; inadequate pay; no benefits
- * 3 - Employed full-time; inadequate pay; few or no benefits
- 4 - Employed full-time with adequate pay and benefits
- 5 - Maintains permanent employment with adequate income and benefits
- 6 - Not Applicable

Housing:

- 1 - Homeless or threatened with eviction
- 2 - In transitional, temporary or substandard housing; and/or current rent/mortgage is unaffordable
- * 3 - In stable housing that is safe but only marginally adequate
- 4 - Household is safe, adequate, subsidized housing
- 5 - Household is safe, adequate, unsubsidized housing
- 6 - Not Applicable

Food:

- 1 - No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.
- 2 - Household is on food stamps
- * 3 - Can meet basic food needs but requires occasional assistance
- 4 - Can meet basic food needs without assistance
- 5 - Can choose to purchase any food household desires
- 6 - Not Applicable

Childcare:

- 1 - Needs childcare, but none is available/accessible and/or child is not eligible
- 2 - Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available
- * 3 - Affordable subsidized childcare is available but limited
- 4 - Reliable, affordable childcare is available; no need for subsidies
- 5 - Able to select quality childcare of choice
- 6 - Not Applicable

Children's Education:

- * 1 - One or more eligible children not enrolled in school.

- 2 - One or more eligible children enrolled in school, but not attending classes.
- 3 - Enrolled in school, but one or more children only occasionally attending classes
- 4 - Enrolled in school and attending classes most of the time
- 5 - All eligible children enrolled and attending on a regular basis and making progress
- 6 - Not Applicable

Adult Education:

- 1 - Literacy problems and/or no high school diploma/GED are serious barriers to employment
- 2 - Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment
- 3 - Has high school diploma/GED
- * 4 - Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society
- 5 - Has completed education/training needed to become employable. No literacy problems.
- 6 - Not Applicable

Legal:

- 1 - Current outstanding tickets or warrants or other serious unresolved legal issues
- 2 - Current charges/trial pending; noncompliance with probation/parole/legal issues impacting housing qualifications
- 3 - Fully compliant with probation/parole terms/ past non-violent felony convictions/ working on plan to resolve other legal issues
- * 4 - Has successfully completed probation/parole within past 12 months; no new charges filed; recently resolved other legal issues.
- 5 - No felony criminal history and/or no active criminal justice involvement in more than 12 months
- 6 - Not Applicable

Health Care:

- 1 - No medical coverage with immediate need
- 2 - No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health
- * 3 - Some members (e.g. Children) on Medicaid or other state-sponsored health insurance program.
- 4 - All members can get medical care when needed but may strain budget
- 5 - All members are covered by affordable, adequate health insurance
- 6 - Not Applicable

Life Skills:

- 1 - Unable to meet basic needs such as hygiene, food, activities of daily living
- 2 - Can meet a few but not all needs of daily living without assistance
- * 3 - Can meet most but not all daily living needs without assistance
- 4 - Able to meet all basic needs of daily living without assistance
- 5 - Able to provide beyond basic needs of daily living for self and family
- 6 - Not Applicable

Mental Health:

- * 1 - Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems
- 2 - Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms
- 3 - Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems

- 4 - Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning
- 5 - Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns
- 6 - Not Applicable

Substance Abuse:

- 1 - Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary
- 2 - Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities
- * 3 - Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month
- 4 - Client has used during last 6 months but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use
- 5 - No drug use/alcohol abuse in last 6 months
- 6 - Not Applicable

Family Relations:

- 1 - Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect
- 2 - Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect
- * 3 - Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support
- 4 - Strong support from family or friends; household members support each other's efforts
- 5 - Has healthy/expanding support network; household is stable and communication is consistently open
- 6 - Not Applicable

Mobility:

- 1 - No access to transportation, public or private; may have car that is inoperable
- 2 - Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
- * 3 - Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured
- 4 - Transportation is generally accessible to meet basic travel needs
- 5 - Transportation is readily available and affordable; car is adequately insured
- 6 - Not Applicable

Community Involvement:

- 1 - Not applicable due to crisis situation; in "survival" mode
- 2 - Socially isolated and/or no social skills and/or lacks motivation to become involved
- * 3 - Lacks knowledge of ways to become involved
- 4 - Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues
- 5 - Actively involved in community
- 6 - Not Applicable

Safety:

- * 1 - Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement
- 2 - Safety is threatened / temporary protection is available; level of lethality is high

- 3 - Current level of safety is minimally adequate; ongoing safety planning is essential
- 4 - Environment is safe, however, future of such is uncertain; safety planning is important
- 5 - Environment is apparently safe and stable
- 6 - Not Applicable

Parenting Skills:

- 1 - There are safety concerns regarding parenting skills
- 2 - Parenting skills are minimal
- * 3 - Parenting skills are apparent but not adequate
- 4 - Parenting skills are adequate
- 5 - Parenting skills are well developed
- 6 - Not Applicable

Credit History:

- 1 - No credit history
- 2 - Outstanding judgments or bankruptcy/foreclosure
- * 3 - Has a credit repair plan
- 4 - Moderate credit rating
- 5 - Good credit / manageable debt ratio
- 6 - Not Applicable

Matrix Score Summary - The Matrix Score calculates the average of all domain scores between 1 and 5, excluding domains where Not Applicable is selected.

Matrix Score: 0

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:

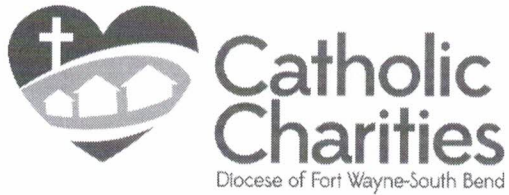
1. Depending on your situation, you will have gone to your Trustees first before receiving financial and material assistance from Catholic Charities.
2. Be open and honest about your situation so the case manager can better assist you.
3. Provide current and accurate documentation of your household income, 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



United Way Release

As part of my participation in Catholic Charities' services sponsored by United Way of St. Joseph County including Team Heat, EFSP or other initiatives, I understand that my personal information will be entered into a data tracking system maintained by United Way of St. Joseph County. Information in this system is password protected and access is limited to community partner organizations. This information includes demographic information, specific contact information, account information, payment information or other information about assistance provided. I give my permission for the release of information into this system.

Client Name (Printed)

Client Signature

Date: _____

Client Handbook

*Catholic Charities serves those in need
as Christ would have us do.*

EAST REGION OFFICE

915 S. Clinton St.
Fort Wayne, IN 46802
Mailing:
PO Box 10630
Fort Wayne, IN 46853

Phone: (260) 422-5625
Fax: (260) 420-7382

OFFICE HOURS:

Monday-Thursday 8:00AM-5:00 PM
(Tuesday & Wednesday open later by appointment)
Friday 8:00AM-12:00 PM

NORTH REGION OFFICE/ FOOD PANTRY

107 W 5th St. (113 W 5th St. / Food Pantry)
Auburn, IN 46706

Phone: (260) 925-0917
Fax: (260) 925-1732

OFFICE HOURS:

Monday-Thursday 8:00AM-5:00 PM
Friday 8:00AM-12:00 PM

WEST REGION OFFICE/FOOD PANTRY

1817 Miami St.
South Bend, IN 46613

Phone: (574) 234-3111
Fax: (574) 289-1034

OFFICE HOURS:

Monday-Thursday 8:00AM-5:00 PM
(Wednesday open later by appointment)
Friday 8:00AM-12:00 PM

FOOD PANTRY HOURS:

FOOD PANTRY SOUTH BEND HOURS:

Wednesday 10:00AM-12:00 PM
5:00 PM-7:00 PM

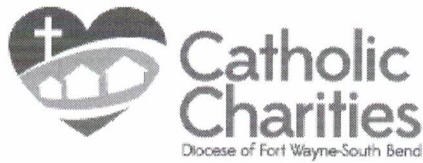
FOOD PANTRY AUBURN HOURS:

Tuesday 9:30AM-11:30AM
Wednesday 1:30 PM-3:30 PM

Catholic Charities is the domestic social service arm of the Catholic Church.



**Catholic
Charities**
Diocese of Fort Wayne-South Bend



STATEMENT ON PROFESSIONAL CONDUCT

Catholic Charities employees conduct services in a professional and ethical manner upholding the highest level of integrity. The agency complies with all applicable laws, agency policies and procedures, and funding, licensing, and accrediting requirements. Consistent with Catholic moral and social teaching, Catholic Charities does not discriminate based on race, color, national origin, creed, socio-economic status, veteran status, genetic information, sexual orientation status, age, gender, religion, and/or disability; however, a funding source, contract, or program may define a specified population eligible to be served. All activities of Catholic Charities are provided to families with honesty, transparency, and compassion.

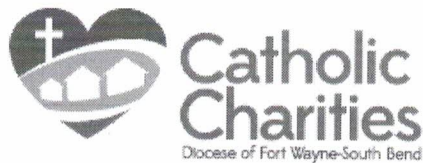
QUALITY ASSURANCE AND IMPROVEMENT

Catholic Charities is committed to providing the highest quality services to children and to families in the communities it serves. We have a tradition of listening to client and community needs and providing programs that are responsive to those needs. This effort is the agency's approach to maintaining Quality Assurance (QA). Our approach to QA requires involvement and participation at each and every level of the agency. The agency encourages staff members to continually ask themselves, "What can we do better?" If you would like to provide feedback and/or make suggestions to our improvement process, please feel free to contact us through our agency email which is ccoffice@ccfwsb.org or contact us at one of the office locations listed in this handbook.

CLIENT RIGHTS AND RESPONSIBILITIES

Client Rights include but are not limited to:

1. Expecting consistent implementation of program services.
2. Being treated in a professional and respectful manner at all times.
3. Not being denied services based on religious or spiritual beliefs.
4. Knowing the names and credentials of their service providers.
5. Requesting an appointment to review their case plan/service plan.
6. Having confidentiality of records and communications to the extent provided by law, except when to do so could cause injury to themselves or others.
7. Being able to communicate in writing and orally in the client's primary language if the client is not able to understand or read the language used in the setting of the agency. Methods of communication provided to a client may include as applicable: an interpreter; telephone amplification or other communication methods for deaf or hearing impaired persons; communication assistance for persons with special needs who have difficulty making their service needs known; and consideration of the client's literacy level.
8. Reviewing a client's record, by appointment, to the extent allowed by law (minors with parent or guardian consent).
9. Having privacy during appointments.



CLIENT RIGHTS AND RESPONSIBILITIES (continued)

10. Receiving a schedule of applicable fees prior to service delivery, including what may be charged, changed, the manner and timing of payment, and the consequences of non-payment.
11. Being able to file a grievance according to the agency grievance procedure without retaliation or interference.

RESPONSIBILITIES AS A CLIENT

Clients of Catholic Charities have responsibilities that include:

1. Providing truthful and accurate information as a basis of receiving services.
2. Actively participating in the development of their case plan/service plan and on-going service decisions.
3. Advising staff of changes in contact information or situations that might affect their case plan/service plan.
3. Keeping scheduled appointments.
4. Paying for services that charge fees at the time of service and understanding that clients may be sent to collection for non-payment of fees for certain services.
5. Observing and respecting the privacy of other clients in any Catholic Charities' facility.
6. Demonstrating mutual respect for staff providing services.

CLIENT'S RIGHT TO REFUSE SERVICE

Services of Catholic Charities are offered on a voluntary basis, except those that may be court-ordered. Any voluntary client of the agency shall have the right to refuse any or all services that may be offered. Employees of Catholic Charities are prohibited from using coercive or threatening means to force a client to comply with therapy or their service plan. Clients are informed of the consequences of the refusal of services which can result in discharge. Clients who refuse services will have the reason(s) for refusal documented in the case record.

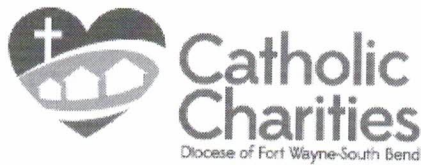
CATHOLIC CHARITIES' RIGHT TO REFUSE SERVICES

Catholic Charities has the right to refuse or discontinue services to current, past, or non-clients. Should circumstances arise that lead to the discontinuation or refusal of services, clients will be informed of the reason for discontinuation or refusal of services.

DISCHARGE OF SERVICES

Reasons for discharge of services:

1. The client no longer meets eligibility criteria specified by each program or has needs beyond the capacity of the program to adequately address.
2. Non-payment of fees for services rendered.
3. The client has reached stated goals and believes that services are no longer needed, the assessment is completed, or the client has been referred to another source, or refuses to comply with and/or accept treatment/services presented by staff.



SERVICE TO MINORS WITHOUT PARENTAL CONSENT

Catholic Charities will not serve minors without the consent of the parent(s) or legal guardian(s) with the exception of the following situations: a one-time emergency assessment interview for the child's protection; Food Pantry clients; emancipated minors; refugee minors; refugee unaccompanied minors; minor victims of trafficking; one time assessments; adoption planning; and Resource & Referral clients needing material goods.

COMPLAINTS, GRIEVANCES AND APPEALS

Catholic Charities of the Diocese of Fort Wayne-South Bend, Inc. makes every attempt to provide services of a professional quality without undue delay, while respecting the client's rights as a person. If you are dissatisfied for any reason with the services you have received or the decisions made by the agency in the course of providing services for you or your family, you may follow this process to help you find a resolution to your concerns.

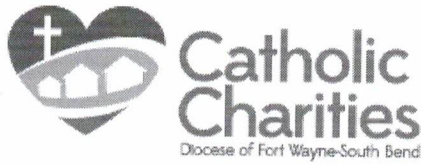
1. Request a meeting with the staff person who was or is providing service to your family to discuss your concerns. Please request the meeting within five business days after the incident or concern. The staff person will schedule a meeting within five business days of receiving the request.
2. If you are not satisfied with the results of the discussion, you may document your concerns in a written statement to the Program Supervisor whose contact information is attached, or who may be reached by contacting the appropriate office location. This statement should include the date or dates of the incident(s) of concern, the individuals involved, a description of the event(s), location where it took place, your statement of how the matter was handled, and what action might be taken to address your concerns. The Program Supervisor will respond within five business days of receipt of your written statement.
3. If you are not satisfied with the response of the Program Supervisor, you may submit your written statement to the Senior Administrative Officer within five business days of having received a response from the Program Supervisor. The SAO will provide a written response within five business days of receipt of written statement.

Senior Administrative Officer (SAO)
Catholic Charities
P.O. Box 10630
Fort Wayne, IN 46853

4. If you are not satisfied with the response of the SAO, you may submit your statement to the Chief Executive Officer (CEO) of the agency at the above listed address. Your statement should be sent within five business days after you have received the SAO's response. The CEO will provide you with a written response detailing the final decision regarding your appeal within five business days of receiving your statement.

MANDATORY CHILD ABUSE REPORTING

Catholic Charities follows the law regarding mandatory report of suspected child abuse or neglect. Pursuant to Indiana Code (IC 31-33-5), all cases of suspected child abuse or neglect **must** be reported to the Department of Child Services (DCS) or a local law enforcement agency. The hotline for DCS is 1-800-800-5556.



ADULT PROTECTIVE SERVICE REPORTING

Catholic Charities will report any suspected abuse of seniors and vulnerable adults to Adult Protective Services or local law enforcement agency. Catholic Charities will work with Adult Protective Services (APS) and/or law enforcement as necessary to ensure the safety of the abused adult. The hotline for APS is 1-800-992-6978.

DUTY TO WARN

There are some circumstances when Catholic Charities may be legally and/or ethically permitted or required to release confidential or private information disclosed by the client without the client's consent. If such a disclosure is made, staff must consult with their supervisor; and the appropriate authorities may be contacted.

BEHAVIOR SUPPORT AND MANAGEMENT POLICY/PRACTICE

Catholic Charities does not use physical intervention methods on clients. The organization prohibits the use of restrictive behavior management interventions by service recipients, peers, and staff. When necessary, verbal de-escalation techniques are practiced. If a person becomes a danger to him/herself, or to another person, the appropriate authorities will be contacted.

WEAPONS POLICY APPLICABLE TO ALL CLIENTS, VISITORS, GUESTS AND OTHER, NON-EMPLOYEES OF CATHOLIC CHARITIES

Catholic Charities prohibits all types of firearms (handgun or rifle), knives (switchblade, pocket or sheath type), explosives and other weapons from being brought onto or possessed on any Catholic Charities' premises. For purposes of this Policy, Catholic Charities' premises include but are not limited to any of its offices, rented spaces and related parking areas.

This policy also prohibits such items from being placed or possessed within any vehicle owned or leased by Catholic Charities. Any client or prospective client of Catholic Charities' who violates this Policy will be denied further service(s) or consideration for service(s) as the case may be. Further, violators may be reported to local law enforcement. The only exception to the prohibitions expressed in this Policy is for law enforcement personnel acting in an official capacity.

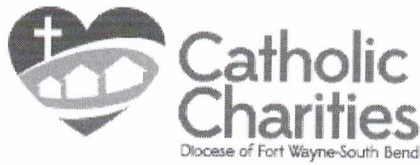
SMOKING POLICY

All offices, program sites, parking lots and agency owned/leased vehicles shall be maintained as smoke-free environments. The agency abides by county, city, and state smoking ordinances.

HANDLING OF MEDICATION

Catholic Charities does not prescribe, dispense, administer or store any forms of medication for clients.

CONSENT TO RELEASE INFORMATION



Privacy Act Notice

In compliance with the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, this notice describes how information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.

OUR COMMITMENT TO YOUR PRIVACY

Catholic Charities is dedicated to maintaining the privacy of your personal information (i.e. health, education, etc.) as part of providing professional care. We are required by law to keep your information private. We will use the information that we obtain from you or from others in relation to you, mainly to provide you with necessary services, to arrange payment, and/or for other business activities which are called, in the law, health care operations.

If we or you want to use or disclose (send, share, release) your information for any other purpose, we will discuss this with you and ask you to sign a Release to Obtain and Disclose form prior to obtaining, disclosing, or releasing information. This may require a parent or legal guardian's authorization. Catholic Charities will determine if the reason to release information is valid. In some cases, Catholic Charities may be required by law to release information. Also, you may have other rights which are granted to you by the laws of our State and these may be the same or different from the rights described above. Someone will be happy to discuss this with you either now or as they arise.

RESOURCES FOR HEALTHY LIVING

*To contact Division of Family Resources to apply for Medicaid, SNAP and/or TANF please call 1-800-403-0864.

*To identify community resources to meet a variety of needs, clients should contact the Indiana 211 Partnership call center by dialing 2-1-1 or by visiting the website at <https://www.in211.org/>

ACCEPTANCE OF CATHOLIC CHARITIES HANDBOOK