

**[INSERT ORGANIZATION NAME]**

**[INSERT PROGRAM NAME]**

### **Program Participants Rights and Responsibilities**

As a program participant of **[Program Name]**, I understand that any participation in this program is strictly voluntary. By signing the below, I am acknowledging the rights I have in the program as well as the responsibilities I carry as a program participant.

As a participant of this agency, I have the following rights: (Please initial each line)

I have the right to receive all services offered by **[Organization]** for which I am eligible.

I have the right to make choices about participation in the program and about my own life. **[Organization]** staff respects my autonomy to make choices that will work for my life. **[Organization]** staff will give me all information needed to make informed choices

I have the right to discuss any needs I may have with the program staff. This will help inform any resources **[Organization]** can provide or connect me too.

I have the right to access other community resources in addition to the resources I receive from **[Organization]**. I understand that agencies may need to collaborate to leverage services in order to provide all the services I need.

I have the right to contact my case manager by telephone or email any time during business hours. Business hours are **[insert hours]**. Summer hours may differ from regular hours, and I understand that my case manager will inform me of any changes in office hours. My Case Manager will give me resources to contact for any needs after business hours and on weekends.

I have the right to be connected to crisis resources as needed and appropriate.

I have the right to be treated with respect by all program staff.

I have the right to confidentiality: Information that I disclose will be held in confidence unless written permission is given (i.e. release of information). At any time, I can revoke the signed release. **[Organization]** staff will have monthly supervision and my case may be discussed-this will not be shared outside of **[Organization]** staff. This is done to ensure effective service delivery.

I have the right to withdraw from the program at **[Organization]** at any time.

I have the right to see the list of financial spending for my case and to copies of any vouchers signed.

**[Organization]**

I have the right to an interpreter in the language of my choice for all meetings whether in person or over the phone.

I have the right to speak to a supervisor at [Organization] if I have concerns or complaints about my case. The Assistant Program Director is [Insert Name] and can be reached at [Insert Phone Number].

Each participant has the right to complete an evaluation about their experiences in the program.

As a participant of this agency, I have the following responsibilities: (Please initial each line)

I understand that financial assistance is available to me for a limited timeframe (as determined between myself and my Case Manager).

I am responsible for setting and keeping appointments. I agree to notify my case manager within 24 hours of scheduled appointments if I need to reschedule or cancel, as appropriate.

I will inform program staff of change of status and updates on any case involving attorneys and police as needed and within my comfort level. This information will increase the ability of my Case Manager to provide advocacy and needed resources.

I will contact the program in a timely manner when I need assistance in to give the case manager time to plan. I will inform my case manager of any financial assistance needs by the 14<sup>th</sup> of every month, as appropriate. [Organization] staff meets on the [Insert Day] of each month to make financial decisions for the upcoming month.

I agree to follow through with goals and action steps agreed upon in my individual case plan within the goal time frame.

I will notify staff within 48 hours of receiving or being approved for financial assistance from the state or another program. Consistent updates regarding financial status informs my Case Manager of how to best support me.

I will notify staff within 48 hours of being hired for employment.

I understand that gift cards may be provided for food, emergency assistance, etc. If I receive a gift card, I will comply with the gift card policy and procedure, which includes purchasing approved items and providing receipts, if requested, by program staff.

I understand that the use of violence or threat of violence against program staff or others may result in termination from the program.

[Organization]

\_\_\_ I understand that program staff are required by law to report any known or suspected abuse of a child to Child Protective Services (CPS). I will be notified if a report is made involving myself and/or my children.

\_\_ I understand that if I fail to adhere to the above responsibilities may result in termination of from the program.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

**INSERT ORGANIZATION LOGO HERE**

